SEWARD COUNTY COMMUNITY COLLEGE

OFFICE OF FINANCIAL AID

AFFIDAVIT OF SEPARATION

Student Name:_____ Student ID #:_____
Last First Middle

Parent Name (only if info provided on FAFSA) _____
Last First Middle

I am currently separated from my spouse, our separation occurred on or about (date)_____

Status of separation is indicated by checking one of the responses for each item below:

1. Has an action for legal separation been filed? Yes ☐ No ☐
2. Has a petition for divorce been filed? Yes ☐ No ☐
3. Is a reconciliation between my spouse and myself expected? Yes ☐ No ☐

My present address is:

_____
_____
_____

My estranged spouse's present address is:

_____
_____
_____

All information I have provided in this affidavit and in my financial aid application is complete, true and correct to the best of my knowledge.

_____ _____

Student Signature Parent Signature (only if info provided on FAFSA)

To be completed by a notary:

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____ My commission expires:_____

Notary Public Stamp Here

Seward County Community College Office of Financial Aid | 1801 N. Kansas, PO Box 1137 Liberal, KS 67905
Toll free: (800)373-9951 | Office: (620)417-1110 | Fax: (620)417-1119 | Email: finaid@sccc.edu