



**Vance-Granville Community College
Office of Financial Aid**

Main Campus, 200 Community College Rd
PO Box 917, Henderson, NC 27536
(252) 738-3280 (P) (252) 738-3388 (F) fao@vgcc.edu

2025-2026 Marital Status Confirmation

Student's Name: _____ VGCC Student ID#: _____

Check the box for whom the marital status relates to:

☐ Student _____ ☐ Parent _____
Print Name Print Name

Indicate marital status:

☐ Widowed
Please provide the month and year of death _____/_____/_____

☐ Married
Please provide the full date of marriage _____/_____/_____

☐ Divorced
Please provide the month and year the divorce was finalized _____/_____/_____

☐ Separated
Please complete the following:

I, _____, am separated from my spouse, _____
Print Name Print Name

Please provide the month and year you separated _____/_____/_____

We are no longer residing together at the same address.

My address is _____

My spouse's address is _____

Certification and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student's Signature (Required)

Date

Parent's Signature (Required, If Dependent Student)

Date