

B.

C.

## 2023-2024 Parent's Marital Status Confirmation (PMS24)

## A. STUDENTINFORMATION

SFCC Student ID#:		Date of Birth:
First/Last Name:		MI:
		to agree with your parent's tax return filing <b>NOTE:</b> Additional information may be
PARENT'S MARITAL ST	ATUS	
1. What was your Parent's Tax Re	eturn Filing Status? Mark the one tl	nat is reflected on their 2021 Tax Return Fo
☐ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying Widow(er)		
2. What was your parent's marital	status as of the day you completed	the FAFSA?
☐ Single ☐ Separated ☐ Married or Remarried ☐ Divorced or Widowed	Date separated:// Date (re)married:/ Date divorced/widowed:	(mm/yy) (mm/yy) /(mm/yy)
SIGN THIS WORKSHEET	ı	
	ding information I (we) may be fin	complete and accurate. I (we) understand that ed, sentenced to jail or both. I (we) understand that d flag) and delay the review process.
Student Signature:		Date:
Parent Signature:		Date:
Director of Human Resources and Dean of Student and Academic Campus, Hopkins Building, 3201 W. 16th St., Sedalia, MO 65301(6	Services are the designated persons to handle inquiries regard 560) 596-7478 or (660) 596-7393. Inquiries also may be directe tion of the existence and location of services that are accessible	entation, veteran status, or age in its program's activities or employment. The ing the nondiscrimination policy. Both persons are located at the SFCC Sedalia d to the U.S. Department of Education, Office of Civil Rights at e to and usable by persons with disabilities by contacting the Disability
Documents for verification will l	be accepted until 5:00 pm on the fol	llowing deadline dates for each semester.
Fall 2023 – January 31, 2	2024 // Spring 2024 – June 19, 2024	// Summer 2024 – September 2, 2024.
Return this worksheet and all other State Fair Community College, Finance 3201 West 16 <sup>th</sup> Street Sedalia Mo 65301		Fax: (660) 530-5820 Email: finaid@sfccmo.edu

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