



2024-2025

STUDENT MARITAL STATUS FORM

Questions about how to complete this form?

Call 217-786-2237 or 800-727-4161.

Text 217-786-2237.

www.llcc.edu/financial-aid

Return completed form to:

LLCC Financial Aid
5250 Shepherd Road
Springfield, IL 62794-9256

financial.aid@llcc.edu
Electronic forms only accepted from LLCC email addresses.

217-786-2229 fax

Student Information

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)

SSN OR STUDENT ID

DATE OF BIRTH

Marital Status

The marital status you listed on the FAFSA (as of the day the FAFSA was filed) does not match your IRS tax filing status. Check your current marital status.

I am single/never married.

I am widowed and have not remarried. Date widowed (month/year): _____

I am widowed and have remarried. Date remarried (month/year): _____

I am separated. Date separated (month/year): _____

I am divorced and have **not remarried**. Date divorced (month/year): _____

I am divorced and **have remarried**. Date remarried (month/year): _____

I am married. Date married (month/year): _____

Certification and Signature

By signing this form, you certify that all the information reported to qualify for federal student aid is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined and/or sentenced to jail.

STUDENT SIGNATURE (**REQUIRED – Sign printed form.**)

DATE