



Hardin-Simmons University Office of Financial Aid

Verification of Divorce or Separation 2018 / 2019

Name: _____

HSU ID: _____

Address: _____

City, State, ZIP: _____

Contact Telephone Number: _____

Only complete this form if within 2016 or 2017 you have become divorced, separated, or widowed, and you are the student or parent of a dependent student.

The information on this form is for the student: Yes () No ()
The information on this form is for the parent: Yes () No ()

I am Divorced: _____ Complete Section #1 Attach supporting documentation
I am Separated: _____ Complete Section #2 Attach supporting documentation
I am Widowed: _____ Complete Section #3 Attach supporting documentation

SECTION 1: COMPLETE IF DIVORCED:

Maiden Name (If female): _____ Date of Divorce: ____/____/____

Do you have dependents? Yes () No () If yes, List ages: _____

Did the court award you child support? Yes () No () If yes, how much per month? _____

What date was the support to begin? ____/____/____

What was the total actually received in 2016? \$ _____

Name of ex-spouse: _____ Address: _____

City, State, ZIP: _____ Telephone Number: _____

SECTION 2. COMPLETE IF SEPARATED:

What date did you separate from your spouse? Date: ____/____/____

Are you covered by legal separation? Yes () No ()

Is there any monetary support from your ex-spouse? Yes () No ()

If yes, what was the total support you received in 2015? \$ _____

Name of ex-spouse/spouse: _____ Address: _____

City, State, ZIP: _____ Telephone Number: _____

SECTION 3. COMPLETE IF WIDOWED:

Date of death of spouse: ____/____/____

Sign the certification statement which follows:

All of the above information is true and completed to the best of my knowledge. If asked by an authorized individual, I agree to give proof of the information that I have provided on this form. I also understand that failure to provide such proof may result in the student not receiving financial aid.

No student or prospective student will be excluded from participation in or be denied the benefits of financial aid at Hardin-Simmons University on the basis of race, color, age, national origin, religion, or sex.

You must attach a copy of your 2016 Federal Tax return and copies of your W-2's from employment to verify sources and amounts of your income. If you cannot provide this documentation or answer any of these questions please attach a statement with the reasons why you cannot.

_____	_____	_____	_____
Student Signature	Date	Parent Signature (If applicable)	Date
_____	_____	_____	_____
Current spouse signature (if remarried)	Date Signed	Date of current marriage	

OFFICE USE ONLY: Action Taken: _____ Date: _____ OFA initials: _____

Office of Financial Aid
HSU Box 16050
Abilene, TX 79698
877-GOHSUTX (325)670-1206
FAX: (325)670-5822