

STUDENT NAME:	WCC ID:
	the date the 2020-2021 FAFSA was completed. <i>This form should</i> sence of a notary. PLEASE NOTE – Your eligibility for financial plete.
On the day I signed the 2020-2021 FAFSA, my marital status was:	
☐ Single (1)	
☐ Married OR Remarried (2)	☐ Widowed (4)
Full date of marriage://	Month and year of death:/
Divorced (4)	,
Month and year the divorce was finalized:/	
☐ Separated (3)	
	, am separated from my spouse,
PRINT SPOUSE'S NAME	, since/ We have been living in
separate households and have no plans to reconcile.	
My address is:	My spouse's last known address is:
,	
Street (no PO Boxes)	Street (no PO Boxes)
	, i
City, State, ZIP	City, State, ZIP
	y the proper authorities. If I purposely provide false or misleading by be fined up to \$20,000, sentenced to prison, or both.  OF A NOTARY)
OATH OR A	FFIRMATION
State of	
County of	
Signed and sworn to (or affirmed) before me this day by	NOTARY SEAL
Printed name of signer),	<u>.</u>
Date:	My Commission Expires:
NOTARY SIGNATURE NOTARY'S PRIN	

RETURN THIS  ${\color{red} {\bf ORIGINAL}}$  COMPLETED FORM TO:

Wayne Community College - Financial Aid Office - PO Box 8002 - Goldsboro, NC 27533-8002 Faxed or emailed copies will not be accepted (effective 10/7/2020)