

**SCC**  
**Scottsdale Community College**

**Parents Marital Status**  
**2009-2010**

\_\_\_\_\_  
Student name (print)

\_\_\_\_\_  
Social Security Number or Student ID

\_\_\_\_\_  
Parent(s) name (print)

Please indicate below your parent's current marital status, and the effective date. Have your parent sign and return this form to our office:

- Parent is not married - single, widowed, or divorced
- Parents are married or remarried
- Parents are separated

Indicate the date your parents were married, separated/divorced, or widowed. If divorced, use the date of divorce or separation, whichever is earlier. If never married, leave blank.

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**Return Form To:** Financial Aid Office, SCC, 9000 E. Chaparral Rd., Scottsdale, AZ 85256 OR Fax/480-423-6591