



SOUTHWESTERN OREGON COMMUNITY COLLEGE

FINANCIAL AID OFFICE

1988 NEWMARK ♦ COOS BAY OR 97420-2912 ♦ (541) 888-7337 ♦ 1-800-962-2838 ext. 7337

www.socc.edu/serv_resrc/faweb2

FAFSA INFORMATION REQUEST

Student's Name: _____ Student ID #: _____

The following were either left blank on your FAFSA or we require further clarification. This information is needed to finish the review of your application. Please complete the areas below, and sign and date the bottom of the page.

Where will you be living during the 2009-2010 academic year?

- 1 Campus student housing
- 2 Off-campus - (e.g., own home, rental, apartment)
- 3 With parent(s)
- 4 With relatives other than parents

What is your and your parents' state of legal residence and dates became residents?

Student State of Residency: _____ Date: _____

Parent State of Residency: _____ Date: _____

(In order to be considered an Oregon Resident you must have lived in Oregon for a period of one year.)

What was your marital status as of the date you filed the FAFSA?

- Single, divorced, or widowed
- Married
- Separated

Month and year you were married, separated, divorced, or widowed: _____

What was your parents' marital status as of the date you filed the FAFSA?

- Single, divorced, or widowed
- Married
- Separated

Month and year your parents were married, separated, divorced, or widowed: _____

Will you have your first bachelor's degree before July 1, 2009? Yes No

At the beginning of the 2009-2010 school year, will you be working on a master's or doctorate program? Yes No

Student's Signature: _____	Date: _____
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