



Office of Financial Aid  
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Email: [fao@socc.edu](mailto:fao@socc.edu) | website: [www.socc.edu](http://www.socc.edu)

**Student Information**

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.

**What is your state of legal residence and the date you became a resident\*?**

**Student 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?**

I am single  I am married/remarried  I am separated  I am divorced or widowed

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

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Month                      Year

**Will you have your first bachelor's degree before July 1, 2023?**

Yes  No

**Parent Information**

**What is your parents' state of legal residence and date they became resident(s)\*?**

**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 parents' marital status as of the date you filed the FAFSA (only dependent students)?**

Married/Remarried  Never Married  Unmarried and both parents living together  
 Divorced or Separated  Widowed

**Month and year they were married, remarried, separated, divorced or widowed:**

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Month                      Year

**Signature and Date**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**  
*Southwestern Oregon Community College is an equal opportunity employer and educator*