

FAFSA Information
Request Form
2020-2021



SOUTHWESTERN
AN OREGON COMMUNITY COLLEGE

Office of Financial Aid
1988 Newmark Avenue
Coos Bay, Oregon 97420
Phone: 541.888.7352 fax 541.888.7247
Email: fao@socc.edu | website: 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, 2020?

Yes No

Parent Information (for dependent students only)

What is your parents' state of legal residence and date they became residents(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