

STUDENT FINANCIAL SERVICES 2019-2020 CLARIFICATION STATEMENT



SECTION(S) TO COMPLETE: Section A Section B Section C Section D

Last Name	First Name	Middle
_____	_____	_____
MTC ID	Phone Number	
_____	_____	

SECTION A – BACHELOR’S DEGREE/GRADUATE PROGRAM

- I do have a BA/BS degree or equivalent.
- I do not have a BA/BS degree or equivalent.
- I am enrolled in a master’s or doctorate program for 2019-2020.
- I am not enrolled in a master’s or doctorate program for 2019-2020.

SECTION B – SELECTIVE SERVICE

- I certify that I am registered with Selective Service. Please attach a copy of your web registration record. Selective Service – www.sss.gov.
- I certify that I am not required to register with Selective Service because:
 - I am female
 - I was born before 1960
 - I have not reached my 18th birthday
 - I am in the armed services on active duty (Note: This does not apply to members of the Reserves and National Guard who are not on active duty)
 - I entered the country after age 26 (Bring your passport and entry documents to our office)
- I did not register. Send a Request for Status Information Letter to Selective Service (SS). Obtain the request form from the Student Financial Services office or our website. Once you receive a response from SS, submit this form, a letter explaining why you did not register, and the SS response.

SECTION C – 2019-2020 MARITAL STATUS

Dependent Student-Parent(s)

Parent Marital Status

- Single, Divorced, Widowed
- Married/Remarried
- Separated
- Parents are not married, but are living together

Independent Student-Student (spouse)

Student Marital Status

- Single, Divorced, Widowed
- Married/Remarried
- Separated

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

Month	Year
_____	_____

SECTION D – HOUSEHOLD SIZE

- Independent Student
- Dependent Student

You listed people in your household size that are not members of your immediate family. Please explain why they are being included in the household size. **Each person listed must receive more than half of their support from you or your parents.**

Full Name	Age	Explanation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I declare, under penalty of perjury, that the information on this form is true, complete, and accurate to the best of my knowledge. I understand that the information on this form will be used to verify the financial aid information provided and may require further follow up from the Office of Student Financial Services.

Signature of Student

Date

Parent Signature (Dependent Student's Only)

Date