

# STUDENT FINANCIAL SERVICES 2016-2017 CLARIFICATION STATEMENT



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

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

## SECTION A – BACHELOR’S DEGREE/GRADUATE PROGRAM

- |                                                                                          |                                                                                              |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I do have a BA/BS degree or equivalent.                         | <input type="checkbox"/> I do not have a BA/BS degree or equivalent.                         |
| <input type="checkbox"/> I am enrolled in a master’s or doctorate program for 2016-2017. | <input type="checkbox"/> I am not enrolled in a master’s or doctorate program for 2016-2017. |

## 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](http://www.sss.gov).
- I certify that I am not required to register with Selective Service because:
- |                                                                                                                        |                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I am female                                                                                   | <input type="checkbox"/> I was born before 1960                                                                                                                            |
| <input type="checkbox"/> I have not reached my 18th birthday                                                           | <input type="checkbox"/> I am in the armed services on active duty<br>(Note: This does not apply to members of the Reserves and National Guard who are not on active duty) |
| <input type="checkbox"/> I entered the country after age 26<br>(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 – 2016 – 2017 MARITAL STATUS

### Dependent Student - Parent(s)

#### Parent Marital Status

- Single, Divorced, Widowed  
 Married/Remarried  
 Separated

### Independent Student - Student (spouse)

#### Student Marital Status

- Single, Divorced, Widowed  
 Married/Remarried  
 Separated

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

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Month	Year
_____	_____

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## 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