

Student Financial Services – Bldg. K 1.700 3201 W. Pecan Blvd. McAllen, TX 78501 PH 956.872.8375 FAX 956.872.6461

FOR OFFICE USE ONLY					
Correction date & #:					
Initials:					
New SAI:					

Separation Worksheet 2024-2025

STC ID	SSN XXX-XX-	LAST NAME	FIRST NAME	MI
PHONE NUMBER			STC EMAIL	@stu.southtexascollege.edu

A <u>Dependent student</u> who believes they made a mistake on the Free Application for Federal Student Aid (FAFSA) when reporting their Parents marital status, and whose Parents are in fact separated as of the date, they first applied for financial aid should complete this form.

An <u>Independent student</u> who believes they made a mistake on the FAFSA when reporting their marital status and is in fact separated as of the date, they first applied for financial aid should complete this form.

DEPENDENT STUDENT: Please provide the following information for the Parent whose information you DID NOT USE to complete your FAFSA:
Parent Name:
Parent Address (city and state):
Parent Phone Number:
Date of Marriage (Month, Day, Year):
Date of Separation (Month, Day, Year):
Federal Tax Information: When was the last year they filed a joint tax return?
Did your Parent (the one whose information you used on your FAFSA) receive any other income i.e., Cash, Savings, Social Security, Supplemental Income, Retirement or Pension, VA Benefits, Alimony, Child Support, Workers Compensation, TANF, WIC, SNAP?
Type of Income:
Amount of Income per month:

The College District does not discriminate or tolerate discrimination against any employee, applicant for employment, student, or applicant for admission. Conduct that excludes participation, denies benefits, or subjects others to discrimination is prohibited. The College District complies with all applicable policies and state and federal legislation in order to combat discrimination.

INDEPENDENT STU Please provide the fo	IDENT: Illowing information for your S	Separated Spouse				
Spouse's Name:	,					
Spouse's Address (city and state):					
Spouse's Phone Nu	mber:					
Date of Marriage (M	onth, Day, Year):					
Date of Separation ((Month, Day, Year):					
Federal Tax Informa	ation: When was the last ye	ar you filed a joir	nt tax re	turn?		
	other income i.e., Cash, Sa Child Support, Workers Cor				, Retirement or Pension, V	/A
Type of Income:						
Amount of Income p	per month:					
one of the individualsYour Pastor	ige Counselor				npany/business letterhead f	rom
	ent on your behalf is not ac d to provide your Parent or				e the necessary documen	tation,
your documents via y By signing below, yo account by clicking o	on and Handwritten Signaturyour STC JagNet account, when acknowledge that is your result to the Financial Aid APP them electronic signature below	hich authenticates esponsibility to che n selecting Notifica	your ide eck the s itions.	e <u>ntity.</u> etatus of your Separation	on Worksheet on your JAGN	
Student Signature:			Date:			
Parent Signature:			Date:			
	STUDENT FINANC	CIAL SERVICES	DEPAR	RTMENT USE ONLY		
Approved:	Disapproved:	Pending:	JEI AI	SFSS Initials:	Date:	
Additional Information	on Requested/Comments:			1		