

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

Student Financial Services – South Texas College

9 3201 W. Pecan Blvd. McAllen, TX 78501 | \$\sqrt{\sq}}}}}}}}}}}}} \end{\sqrt{\sq}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \end{\sqrt{\sqrt{\sq}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{

2025-2026 Separation Worksheet

Who Should Complete This Form?

Complete this form if you mistakenly reported marital status on the FAFSA and your parents were separated (if dependent) or you were separated (if independent) at the time of application:

- **Dependent students** (Parent's marital status error)
- Independent students (Your own marital status error)

Instructions:

Include your name and STC ID on all statements.

Student Information

STC ID:	SSN: XXX-XX-			
Last Name:	First Name:	MI: DOB:		
Phone:	Email:	@stu.southtexascollege.edu		
	ent Information) Provide details fo	r the parent not listed on your FAFSA:		
Parent's Address (City, St	ate):			
Parent's Phone Number: _				
Date of Marriage:	Date of Separation:	Last Year Joint Taxes Were Filed:		
Other Income Received (e.	g., Social Security, Child Support, V	VA Benefits, etc.)?		
Type:/	Amount: \$/month			
•	ouse Information) Provide details	, ,		
Spouse's Address (City, S	tate):			
Spouse's Phone Number:				
Date of Marriage:	Date of Separation:	Last Year Joint Taxes Were Filed:		
Other Income Received (e	g., Social Security, Child Support, V	VA Benefits, etc.)?		
Tyne:	Amount: \$/month			

STC ID:		NAME:		
equired Documer	ntation			
Submit one of the follo	owing:			
Separation docum	nentation or divorce decree			
A statement on of	fficial letterhead from:			
 Pastor 				
 Marriage Cor 	unselor			
 Attorney 				
Notarized personal s	tatements are NOT accepted	<i>!</i> .)		
Processing Time:				
Jp to 2 weeks (4 weeks	during peak times like July & A			
	ply – make payment arrangeme	ents while waiting		
How to Check You	r Status: ఁ Financial Aid → Select Award	Voor Chook Notification	20	
og into Jagivet → Click Show to Submit:	K FIIIaliciai Alu → Select Awalu	Teal → Check Notification	15	
	alley, or Starr Co. Financial Ser	vices Office		
Online: Upload to our O	ffice via STC JagNet			
ERTIFICATION ar	nd HAND WRITTEN SIGN	ATURES		
-	electronic signatures/typec enticates your identity.	l signatures if you are ા	uploading your documents	via your STC JagNet
	rtify that all information provi	•		
<u> Marning:</u> If you p	ourposely provide false or mis	sleading information, you	may be fined, imprisoned, or	both.
Student Signature: Date:				
Parent Signature (i	f dependent):		Date:	
	ATURENT 5111	NAME AND 110 DE		
Ammarradi	1		PARTMENT USE ONLY	Deter
Approved:	Disapproved:	Pending:	SFS Initials:	Date:
Additional Information	tion Requested/Comments	:		

The College District does not discriminate or tolerate discrimination against any employee, applicant for employment, student, or applicant for admission. Conduct that excluded 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.

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