

## Financial Aid Office 2023-2024 Marital Separation Statement for Special Circumstance

**Eastern WV CTC** 

316 Eastern Drive Moorefield, WV 26836

**Phone:** 304-434-8000 FAX: 304-434-7004

FINAID@easternwv.edu

Last Name	First Name	Middle Initial	Student ID Number
Telephone Number (Including Area Code)			mail Address
as the reason fo by the Financial	r the request. Official of Aid Office. You stated	documentation must be	023-2024 and have declared Divorce/Separation provided before your request can be evaluated on has not been filed as of today; therefore, you eparation.
1		_ (printed name of stud	dent or parent) have been separated
from my spouse		(printed	d name of spouse or parent's spouse) since
(m	m/dd/yyyy).		
Address of Stud		, . 	se or Parent's Spouse (if dependent):
Student or Parei	nt's (if dependent) Sigr	natureSpouse or Parent	's Spouse's (if dependent) Signature
This statement v	vas subscribed and sw	orn before me by	
on this c	day of	, 20	
		(SEAL)	
Notary Public Si	gnature		