

— Barnes-Jewish College —
GOLDFARB SCHOOL of NURSING
————— BJC HealthCare —————

This form contains Personally Identifiable Information

**2024-2025
Marital Status Verification for Students**

Name: _____ Student ID#: A _____ Date: _____

In reviewing your FAFSA, we noticed a problem. We noticed that you reported a marital status date that is after the date you submitted your original FAFSA. Please mark what your new marital status is:

_____ Single

_____ Divorced

_____ Widowed

_____ Married/Remarried

_____ Separated

Please tell us the effective date for the marital status listed above. _____ / _____

Please note: Per new federal regulations our institution, at our discretion, is permitted to update your marital status if it addresses an inequity or more accurately reflects your ability to pay.

If you provide fraudulent information you will be penalized and sanctioned to the maximum extent possible by the Department of Education and/or Goldfarb School of Nursing at Barnes Jewish College. By signing this worksheet, I certify that all the information to qualify for federal financial aid is complete and correct. I understand that giving false or misleading information on this worksheet can result in a fine, jail sentence, or both.

Student Signature