



Cape Henry COLLEGIATE

Cape Henry Collegiate – Financial Aid Office Single Parent/Second Parent Verification Form

Student Name: _____ DOB: _____

The Financial Aid Committee has received your online SSS Parents Financial Statement (PFS). There is incomplete information regarding your marital status and/or your child’s second parent. In order for the financial aid committee to process your child’s financial aid application, please complete the information below and attach all necessary documentation.

Please submit this form along with supporting documentation to the attention of the Financial Aid Committee at Cape Henry Collegiate. (Mail hard copies, email to brookehummel@capehenry.org, or fax to 757-963-8277).

1. Required Tax Documentation from both parents

Please attach a signed copy of all pages of the second parent’s most recent Federal Income Tax Form with all schedules. Please attach legible copies of all W2s and 1099 forms. (If parents are not filing jointly and are separated, divorced, or have never been married, both parents must submit their individual tax documentation.)

2. If as a single custodial parent you do not have any financial support from your child’s second biological parent and little to no contact is maintained between the other parent and you or your child, please check that box on Parent B below

3. Verification of Parents’ Household Information (The Parent completing this form is Parent A.)

Parents are: _____ Separated _____ Divorced _____ Widowed _____ Never been married
(Please provide legal documentation verifying marital status and any custody agreement)

Parent A: _____ Single _____ Divorced _____ Remarried _____ Has Custody _____ Has Joint (Shared Custody) Name: _____ Phone: _____ Address: _____ Email: _____
Parent B: _____ Single _____ Divorced _____ Remarried _____ Has Custody _____ Has Joint (Shared Custody) Name: _____ Phone: _____ Address: _____ Email: _____ We have had no contact with this parent for the past two or more years. There is no financial support from this parent. (Check here: _____ [No contact] _____ [We have some contact and some financial support])

By signing this form, I certify that all information reported on the form, and on all other parts of my child’s financial aid application, is complete and true. I understand that false information or information withheld could lead to both admission and financial aid being revoked by the School.

Signature: _____ Date: _____
(Parent A)