

Please submit this worksheet, and all applicable documents to: GSON Financial Aid Office 4483 Duncan Ave St. Louis MO 63110 Fax: 314-362-2132

2023-2024 Marital Status Verification for Students

Name:		Student ID#: A	Date:
	your FAFSA, we noticed a problem. omitted your original FAFSA. Please r		orted a marital status date that is after the ital status is:
Sing	gle		
Divo	prced		
Wid	owed		
Mar	ried/Remarried		
Sep	arated		
Please tell ι	s the effective date for the marital sta	tus listed above.	
	: Per new federal regulations our insti an inequity or more accurately reflec		s permitted to update your marital status
Department certify that a	of Education and/or Goldfarb School	of Nursing at Barnes Je financial aid is complete	ed to the maximum extent possible by the wish College. By signing this worksheet, and correct. I understand that giving false ce, or both.
Student Sia	nature and Date		
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