

2025-2026 Supplemental Information – Parent/Spouse

I am the student's:	☐ Spouse ☐ I	Parent	t □ Parent's Spouse/Partner		
Required information <u>about you</u> is missing from your student's FAFSA. Please complete form in blue or black ink. Incomplete forms will not be accepted.					
PERSONAL INFORMATION					
Full Legal Name: (as it appears on your Social Security Card)	First Name:				
Permanent Address: (include Apt #)	Permanent Street Address City:			Zip: Country:	
Date of Birth:					
Social Security Number:					
State of Legal Residence:	Date you became a legal resident:				
Marital Status:	☐ Single (never married)		☐ Married (not separated)	☐ Remarried	
	☐ Separated		☐ Divorced	☐ Widowed	
At any time during 2023 or 2024, did you or anyone in your family receive benefits from any of these federal programs? Select all that apply. Check "None of these apply" if none are applicable.	☐ Earned Income Credit (E Federal Income Tax Return) (☐ Refundable credit for coverage under a qualified health plan (QHP)	☐ Temporary Assistance for Needy Families (TANF)	
	☐ Federal housing assistar	A	☐ Supplemental Nutrition Assistance Program (SNAP food stamps)	☐ Special Supplemental or Nutrition Program for Women, Infants, and Children (WIC)	
☐ None of these apply	☐ Free or reduced-price solunch		☐ Supplemental Security Income (SSI)	☐ Medicaid	
CERTIFICATION AND SIGNATURE					
By signing this form, I certify that all of the above information is complete and correct.					
Student's Full Name		Stude	ent ID		
Parent\Spouse Signature		Date	Date		
WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both. Return to: Marine Trades Institute, 485 S. Meridian, Cedarville, MI 49719					

Or upload this form to the Marine Trades Institute Student Portal: www.glbbs.empower-xl.com