
2019-2020 Documentation of Dependency Status

Student Name: _____ Student ID Number: G _____

You stated on the FAFSA that you meet one of the following independent qualifications. Please check the box below of which category you fit into. If you do not meet any of these qualifications and you marked the FAFSA incorrectly, you should login to your FAFSA and select that you would like to make a correction to update your information. **You must provide documentation for any of the circumstances you qualify for below.**

- At any time since you turned age 13, both of your parents were deceased (even if you are now adopted). **You must provide a copy of the death certificates for both parents.**
Please Note: If only one of your parents is deceased, and you do not have contact with the other parent, please contact our office to discuss an Independent Appeal.
- At any time since you turned age 13, you were in foster care (even if you are no longer in foster care). **You must provide a copy of the court documentation to support this status.**
Please Note: If you are not sure if you were in foster care, check with your state child welfare agency. You can find the agency's contact information at www.childwelfare.gov/nfcad.
- At any time since you turned age 13, you were a dependent or ward of the court (even if you are no longer a dependent or ward of the court). **You must provide a copy of a court's decision that you are a dependent/ward of the court.**
- You are an emancipated minor, or were an emancipated minor immediately before you reached the legal age of adulthood in your state, as determined by a court in your state of legal residence. **You must provide a copy of a court's decision that you are an emancipated minor.**
- You are currently in legal guardianship by someone other than your parent or stepparent, or were in legal guardianship immediately before you reached the legal age of adulthood in your state, as determined by a court in your state of legal residence. **You must provide a copy of a court's decision that you are in legal guardianship.**

By signing this worksheet, I certify that all of the information reported to qualify for federal student aid is complete and correct. All attachments and supporting documents are true to the best of our knowledge. I further understand that purposely giving false or misleading information may result in a fine, jail terms, or both.

Student Signature: _____ Date: _____

Please return your completed form to the Office of Financial Aid & Scholarships by fax, U.S. mail, or in person. Be sure to include your name and G Number on all pages. Missing information may delay processing.