



Education for your future. Sisterhood for life.

OFFICE OF FINANCIAL AID - 900 EAST WASHINGTON ST., GREENSBORO, NC 27401 - FINANCIAL_AID.EDU - (888) 370-8678 - FAX (336) 517-2204

Office of Financial Aid 2018-2019 Orphan/Foster Care/Ward/Emancipated Minor or Legal Guardianship

Student's Name: _____ Student ID: _____

On your Free Application for Federal Student Aid (FAFSA, you answered "Yes" to one of the following questions:

At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?

As determined by a court in your state of legal residence, are you or were you an emancipated minor?

As determined by a court in your state of legal residence, are you or were you in legal guardianship?

Check the statement below that applies to you.

- Since I turned age 13 I have no living parent (biological or adoptive), even if I am now adopted.
Attach documentation to this form proving that both parents are deceased
- Since I turned age 13 I was in foster care, even if I am no longer in foster care today.
Attach to this form court documentation proving that you were in foster care
- Since I turned age 13 I was a dependent or ward of the court, even if I am no longer a dependent or ward of the court today. For federal student aid purposes, someone who is incarcerated is not considered a ward of the court.
Attach to this form court documentation proving that you were a ward of the court.
- I am or was an emancipated minor as determined by a court in my state of legal residence.
Attach to this form court documentation proving that you are an emancipated minor as determined by a court in your state of legal residence.
- I am or was in legal guardianship as determined by a court in my state of legal residence.
Attach to this form court documentation proving you were in legal guardianship immediately before you reached the age of being an adult in your state. The court must be located in your state of legal residence at the time the court's decision was issued.
- I answered incorrectly and none of these conditions apply to me.
By checking this option, I **understand that I will need to return this form to the Office of Financial Aid and correct my FAFSA by changing this answer to "no" and adding parental information as well as a parental signature.**
- I certify that the statement I checked is correct. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student's Signature (Required)

Phone #

Date

