



## Office of Financial Aid

**2016 – 2017 ORPHAN, FOSTER, WARD, EMANCIPATED MINOR, OR LEGAL GUARDIANSHIP**

Print name \_\_\_\_\_

Bear Number \_\_\_\_\_

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.**

- ☐ At any time, since I turned age 13, I have no living (biological or adoptive) even if I am now adopted.  
- Attach documentation to this form proving that both parents are deceased
- ☐ At any time, since I turned age 13, I was in foster care even if I am no longer in foster care today.  
- Attach court documentation to this form proving that you were in foster care
- ☐ At any time, since I turned age 13, I was a dependent or ward of the court even if I no 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 court documentation to this form 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 court documentation to this form 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 court documentation to this form 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 box, 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”. I will also need to add parent information as well as a parent signature.

I certify that the statement I checked is correct. WARNING: Per federal regulations, if you purposely give false or misleading information on this worksheet you may be fined up to \$20,000, sentenced to jail, or both.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_