

Office of Student Financial Aid & Scholarships Orphan or Ward of the Court Form 2023-2024

Student Last Name	Student First Name	ID #	
Permanent Address (include apt #)	City	State	Zip Code
Cell/Home Telephone Number (include area co		Email Addres	rs.
According to our records, you indicate parents are deceased, or you are or we supporting documentation to our of and reviewed. If you answer "No" and must provide your natural parents.	re (until age 18) a ward/dependent of fice. Your request will not be pro to all the questions on this form,	f the court. Please complete and cessed until all requested docur	submit this form and the nents have been received
1. Are both of your parent's de (If one of your biological parents	ceased? Yes No		
If you answered "Yes", please expla supporting documentation: Copi professionals verifying your circums	es of your parent's death certifica		
2. Are you or were you (until age If you were emancipated, incarcerate "No". If you answered "Yes", pleas documents verifying you are or were	ed, have a guardian not appointed be explain your circumstances. Sub	y the court, or parents are divor	
	Yes No If yes, please prov		
4. Please explain how you support	ed yourself and provide an estim	ated amount.	
St I hereby certify that all information conot knowingly provided any false staintentionally given false or frauduler canceled. Note: Federal regulations s investigation by the Office of the Insp	atements or fraudulent documentation that statements and/or documentation tipulate that evidence of fraud must be	ne documentation is true and come on. I understand that if I am for my eligibility for Federal and be reported to the U.S. Department	and to have knowingly or State student aid may be t of Education for possible
Student Signature	Mail form to:		Date