

## 2020-21 Establishing Status Form

Student Financial Services 1825 N Bluemound Dr PO Box 2277 Appleton, WI 54912-2277 Fax: 920-735-5763 financialaid@fvtc.edu www.fvtc.edu/finaid

We have completed the initial review of your 2020-21 Free Application for Federal Student Aid (FAFSA). You indicated on the FAFSA that you are an independent student due to extenuating circumstance(s). Please complete this form and return it along with required documentation to the Student Financial Services as soon as possible. If the information is incomplete or unclear, we may ask you to submit further documentation.

## THE PROCESSING OF YOUR AID HAS STOPPED UNTIL REQUIRED DOCUMENTS ARE RETURNED!

cudent Name	Student ID
l am an orphan. Check this box only if you had no living parent (biological or adoptive) at any time since you turned age 13, even if you are now adopted.	Attach a copy of the obituatry or funeral program for each of your parents.
I was in foster care. Check this box if you were in foster care at any time since you turned age 13, even if you are no longer in foster care as of today.	Attach an original signed letter on county letterhea from your caseworker or Independent Living Coordinator confirming your foster care status, including the date you entered into foster care.
I was a ward of the court. Check this box if you were a ward of the court at any time since you turned 13, even if you are no longer a ward of the court today.	Attach a copy of the official court order or decree which declared you a ward of the court.
I was in a legal guardianship. Check this box if you had a legal guardian (not a parent) until the time you became an adult.	Attach a copy of the official court order or decree which declared your legal guardian.
I was an emancipated minor. Check this box if you were declared an emancipated minor before you reached the age of becoming an adult.	Attach a copy of the official court order or decree which declared you an emancipated minor.
I am an unaccompanied youth. Check this box if after July 1, 2019 you were determined to be an unaccompanied youth who was homeless or were self-supporting and at risk for being homeless by your school district's homeless liaison.	Attach an original signed letter on letterhead from school's homeless liaison to confirm your status. Please note, for financial aid purposes, this determination is only valid for the first year after your high school graduation.
l am an unaccompanied youth. Check this box if after July 1, 2019 you were determined to be an unaccompanied youth who was homeless or were self-supporting and at risk for being homeless by the director of an emergency shelter, a transitional housing program, or a runaway or youth basic center.	
I made an error on my FAFSA. I am/was neither an orphan, in foster care, ward of the court, in a legal guardianship, an emancipated minor, or an unaccompanied youth.	You and your parent must correct the information of your FAFSA at www.fafsa.ed.gov by providing your parent(s)'s financial information and signature.
atement of Certification: I certify that the information given to mplete.	document my dependency status is true an
udent's Signature	Date