

2014-2015 Establishing Status Form

Student Financial Services – RM E118
1825 N Bluemound Dr/ PO BOX 2277
Appleton WI 54912
Ph: (920) 735-5650 * Fax (920) 735-5763
Email: financialaid@fvtc.edu

Name: _____ ID# _____

We have completed the initial review of your 2014-15 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 Financial Aid Office as soon as possible. If the information is incomplete or unclear, we may ask you to submit further documentation.

****PROCESSING OF YOUR AID HAS STOPPED UNTIL THIS FORM AND ALL DOCUMENTS ARE RETURNED****

Please answer the following questions by placing a check mark (✓) by the statement that applies to you:

Are you or were you an **emancipated minor** as determined by a court in your state of legal residence?

Yes. I am attaching copies of official court documentation to support this claim (documentation required).

Are you or were you in **legal guardianship** as determined by a court in your state of legal residence?

Yes. I am attaching copies of official court documentation to support this claim (documentation required).

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

Yes. I am attaching copies of official court documentation to support this claim (documentation required).

At any time on or after July 1, 2013, were you considered an **unaccompanied youth** who was homeless or self-supporting and at risk of being homeless?

Yes. I am attaching copies of official documentation to support this claim. (Documentation required: this determination must be made by high school, HUD, director of homeless shelter, youth center, or transitional living program, etc.)

None of the above apply. I have made a correction to my FAFSA application to add all required parent information. I am aware that processing will not continue until the correction has been completed and received by the financial aid office.

Statement of Certification: I certify that the information given to document my dependency status is true and complete.

Student's Signature

Date