



2018-2019 Orphan, Ward of the Court, Foster Care, Emancipated Minor, Legal Guardianship Worksheet

Section 1 -- Student Information

When you completed the 2018-2019 FAFSA, you indicated you were either an orphan, a ward of the court, in foster care at the age of 13, an emancipated minor, or in legal guardianship, because of this your application has been selected for review to verify that status.

Student's Name _____

Felician Student ID Number _____

Section 2 -- Documentation

Please attach requested documents, sign the worksheet and return to our office. If the worksheet is incomplete, it will be returned to you. No disbursement of funds can be made until all requested documents are received and reviewed. Failure to provide appropriate documentation of your status will delay processing of your aid.

At any time since you turned age 13, were both your parents deceased?

Yes No

Were you in foster care or were you a dependent or ward of the court?

Yes No

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

Yes No

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

Yes No

At any time on or after July 1, 2017, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?

Yes No

At any time on or after July 1, 2017, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?

Yes No

At any time on or after July 1, 2017, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

Yes No

If you answered yes to any of these questions, please bring the proper documentation such as death certificates or court documents.

Section 3 -- Certification:

By signing this worksheet, I (student providing information on the 2018-2019 Free Application for Federal Student Aid) certify all the information reported is complete and correct to the best of my knowledge. I understand that if I purposely provide false or misleading information on this document, I am liable for the cancellation or repayment of all or part of my financial aid.

Student's Signature: _____ Date: _____

Return completed form and any other pertinent documents to:

Felician University
Financial Aid Office
262 South Main Street
Lodi, NJ 07644
201-559-6010
Fax: 201-559-6025