

■ FINANCIAL AID, SCHOLARSHIPS, & VETERANS SERVICES

2019-2020 Independent Minor Status Review Form

Campus Box 4038, 1 Kellogg Circle, Emporia, KS 66801-5415 Phone: (620) 341-5457 or 1-800-896-0567 Fax: (620) 341-6088 finaid@emporia.edu

We are unable to continue processing your 2019-2020 Free Application for Federal Student Aid (FAFSA) until documentation of your independent status is reviewed. Complete this form, attach copies of all requested documents and return it to the address above. Failure to respond promptly will delay processing of your financial aid (CFR Title 34, Part 668). Note: You may be asked to provide additional documentation during this dependency review.

A. Student Information			
Last Name	First Name	MI	Student ID #
Address (local if available)		Date of Birth	
CityState	ZIP code	Phone	Number
B. Ward of the Court/Foster At any time since you turned ag dependent or ward of the court	e 13, were both your parents	deceased, were yo	ou in foster care or were you a
☐ YES*	NO NO		
*If you checked YES, please su parents' death certificates. The decision was issued.			
C. Emancipated Minor As of today, are you or were yo of legal residence before you re YES*	ached the age of majority in yo	-	a court of law within your state
*If you checked YES, please su located in your state of legal res			
D. Legal Guardianship As of today, are you or were yo residence before you reached to		=	of law within your state of legal
The definition of legal guardianship guardians. You are also not consid	lered a legal guardian of yourself.	ven if they were appo	ointed by a court to be your
☐ YES*	□ NO		
*If you checked YES, please subm state of legal residence at the time		ecision in your case. ⁻	The court must be located in your
If you answered YES to any of the q	uestions on this form, return th	nis form signed with	the appropriate documentation.
If you answered NO to all of the quemake corrections to your 2019-202 correction may be selected for verifing processing of your file will occur upon the control of the processing of your file will occur upon the control of the processing of your file will occur upon the your file will not your file will	20 FAFSA to include parent in cation during processing, which	formation and a pack ch would require ac	arent signature. Be aware, your
E. Sign This Form: I certify that the information reporte or misleading information, I may be			and that if I purposely give false
Signature of student		Date	