## Ward of the Court (WC) Verification or Foster Care Clarification



## Please Print: Name \_\_\_\_\_\_\_\_ Social Security Number XXX-XX- \_\_\_\_\_\_ Home Address \_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_\_ Current e-mail address (used frequently) \_\_\_\_\_\_\_

You have answered "yes" to a question on the FAFSA stating you are a foster youth or were in foster care <u>at any time.</u>

AND/OR

You have answered "yes" to question 53 on the FAFSA stating that at any time <u>since you turned age 13</u> you were a ward/dependent of the court, were in foster care, or that both parents are deceased. We can only continue with the processing of your request for financial aid once you submit documentation to support this status.

As such, we need to clarify your age when you were in foster care. Please provide the dates here:

\_\_\_\_\_to \_\_\_\_\_

If it included time <u>after</u> you were age 13, please attach the appropriate documentation from the listings below, as we will need this to verify your situation with the Department of Education.

- Court documentation (must be from state of your legal residence)
- Death certificates
- Newspaper notices
- Notarized statement from an attorney or minister documenting your status

## **CERTIFICATION STATEMENT:**

I certify that all of the information provided on this letter and in the attachments is accurate and complete.

Student Signature		Date	
Student Name (Print)			
Please Return To:			
Trine University	Main Campus	TrineOnline - CGPS	
Financial Aid Office	800-347-4878	877-294-4878	
1 University Ave	260-665-4511 fax	260-665-4511 fax	
Angola, IN 46703			