FORM WARD - IDAHO STATE UNIVERSITY ORPHAN, WARD OF COURT OR IN FOSTER CARE	23-24	**WARD-24**

The federal government requires colleges to check the accuracy of the information you provided on your Free Application for Federal Student Aid (FAFSA). This process is called verification. You must complete the verification process before the Office of Financial Aid can establish your eligibility for assistance. You must return the information requested on this form or you will not be considered for federal financial aid. Please return this completed form with applicable attachments to:

Office of Financial Aid, Idaho State University   **University Place, Bennion Student Union**
921 S 8th Ave, Stop 8077, Pocatello, ID 83209-8077   **1784 Science Center, Idaho Falls, ID 83402**
Phone: (208)282-2756   Fax: (208)282-4755   **Phone: (208)282-7704**

Email: financialaid@isu.edu   Scan and Upload: isu.edu/financialaid/upload

*Student Name:_____
(Use blue or black ink)   Last   First   M.I.

*ISU ID:_____   ***Last 4 Digits of Social Security #:**_____
(Find under Academic Tools tab on BengalWeb)   **Required*

You have applied for federal financial aid as an independent student based on one of the following reasons. Please mark the reason you applied as an independent student and submit the documentation indicated.

_____ You had no living parent (biological or adoptive) at any time since you turned age 13, even if you are now adopted. **If both of your parents are deceased, please attach a copy of their death certificates. If you do not have a copy of the death certificates, you could attach a copy of the obituary or funeral program.**

Parent 1 Name:_____   Parent 2 Name:_____

_____ You were a dependent or ward of the court at any time since you turned age 13, even if you were no longer a dependent or ward of the court as of the date you completed the FAFSA. **Please attach a copy of the court document which specifies this status. Being incarcerated in a juvenile facility does not make you a ward of the court for financial aid purposes**.

_____ You were in foster care at any time since you turned age 13, even if you were no longer in foster care as of the date you completed the FAFSA. **Please attach a copy of the court document which specifies this status.**

If you cannot provide one of the forms of documentation listed above, please explain why not. Then write a statement outlining why you are to be considered independent based on one of the above reasons.

_____
_____
_____
_____
_____
_____
_____

Have you submitted the above information in a prior year? _____Yes _____No If yes, you do not need to submit the documentation again but you do need to sign and return this form to the Office of Financial Aid.

CERTIFICATION: The person signing below certifies that all of the information reported is complete and correct.
WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature:_____   Date:_____
                        Typed signatures not accepted