FINANCIAL AID AND SCHOLARSHIP OFFICE
UC SANTA CRUZ

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19STSTATUS

UCSC Student's ID /Account Number (Do not use CRUZ ID)

UCSC Student's Last Name

First Name

# 2018–2019 Student Dependency Status Form

On the financial aid application, you answered "yes" to a question that excludes you from having to provide parental information. Complete this form by checking the box that best describes your situation and sign the Student Certification Section. Documentation is required to verify your status.

☐ I made an error on my financial aid application. At least one of my parents is living and I am not a ward/dependent of the court, orphan or other category of person as described below. If you check this box, please return to your financial aid application and have your parent(s) provide their information on your financial aid application.

## OR IF ONE OF THE FOLLOWING APPLIES:

### ORPHAN/DEPENDENT/WARD OF THE COURT

☐ Check this box if at any time since you turned age 13, both your parents were deceased, you were in foster care or you were a dependent or ward of the court. Please provide the documentation for your situation as described below.

☐ You had no living parent (biological or adoptive) even if you are now adopted; or

☐ You were in foster care, even if you are no longer in foster care today; or

☐ You were a dependent or ward of the court, even if you are no longer a dependent or ward of the court today. For federal student aid purposes, a ward of the court is not someone who is incarcerated.

### EMANCIPATED MINOR

☐ Check this box if a court in your state of legal residence determined you are or were an emancipated minor.

☐ Provide a copy of a court's decision that as of the date you signed the financial aid application you are an emancipated minor.

☐ Provide a copy of a court's decision that you are an emancipated minor prior to reaching the age of being an adult in your state.

### LEGAL GUARDIAN

☐ Check this box if a court in your state of legal residence determined you are or you were in legal guardianship.

☐ Provide a copy of a court's decision that as of the date you signed the financial aid application you are in legal guardianship.

☐ Provide a copy of a court's decision that you were in legal guardianship immediately before you reached the age of being an adult in your state. NOTE: The court must be located in your state of legal residence at the time the court's decision was issued. Parent(s) are not considered legal guardians. You are also not considered a legal guardian of yourself.

### HOMELESS OR UNACCOMPANIED YOUTH

☐ "Homeless" means you lacked fixed, regular and adequate housing, and you lived in shelters, motels or cars, or temporarily lived with other people because you had nowhere else to go. If you are fleeing an abusive parent you may be considered homeless.

☐ "Unaccompanied" means you are not living in the physical custody of your parent or guardian.

If either of the previous two boxes are checked, documentation is required.



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- ☐ 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? Attach documentation from the homeless liaison or director that verifies your status.
- ☐ 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? Attach documentation from the director of the shelter/program that verifies your status.
- ☐ 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? Attach documentation from the director of the center/program that verifies your status.

## STUDENT CERTIFICATION

- I hereby declare that all information reported on this document is true, complete, and accurate to the best of my knowledge.
- I understand that any false statement or misrepresentation will be cause for denial, reduction, cancellation and/or repayment of financial aid.
- This document must be postmarked no later than June 2, 2018 to meet the priority deadline for all types of financial aid.

Daytime Phone ( _____ ) _____ E-mail Address _____

Student Signature _____ Date _____

RETURN TO: UC Santa Cruz Financial Aid and Scholarship Office, 205 Hahn Student Services Building, 1156 High Street, Santa Cruz, CA 95064
Phone: (831) 459-2963 Web: financialaid.ucsc.edu. For your protection and security, please do not e-mail forms.