



2023-2024 Verification: Orphan, Ward of the Court, or Foster Care

Your 2023-2024 FAFSA indicated that you responded “Yes” to the following question, and declared an independent student:

“At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?”

You are required by federal regulations to submit legal documentation verifying that status. Please check the box below that best represents your situation and submit the required documentation.

A. Student Information:

Student’s Name

UHC ID

B. Verification:

Please check the applicable box and submit the requested documentation.

- I am or was an orphan at any time from the age of 13 or older.** (Select this even if you are now adopted.)
Check this box if both of your parents are deceased; do not check this box if only one parent is deceased and the whereabouts of your other parent is unknown.
 - Please attach a copy of your birth certificate and copies of both of your parents’ death certificates.
- I am or was a ward of the court at any time from the age of 13 or older.**
Check this box even if you are no longer a dependent/ward of the court as of today.
 - Attach a letter from your social worker confirming that you were a dependent of the court, or a letter stating that you are a participant in the Independent Living Skills Program, or other court documentation showing that you were removed from the home because it posed a direct threat to your well-being.
- I am or was in Foster Care from the age of 13 or older (or was a ward until the age of 18).**
 - Submit legal documentation from your state of residency.
- I made an error on my FAFSA. I am not an orphan, ward of the court, nor was I ever in foster care.**
 - I understand that I must now correct my FAFSA and provide parent information. I understand that my financial aid application cannot be processed until I have corrected my FAFSA

C. Acknowledgement

By signing, I certify that all the information reported above is complete and correct to the best of my knowledge and belief.

Student’s Signature _____ Date _____

Return form to:

Office of Financial Aid, University of Holy Cross, 4123 Woodland Dr.

New Orleans, LA 70131

-Or-

FAX: (504) 392-9460

E-Mail: FinAid@uhcno.edu