



## 2024-2025 Verification: Orphan, Ward of the Court, or Foster Care

Your 2024-2025 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 Livig 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-

E-Mail: [FinAid@uhcno.edu](mailto:FinAid@uhcno.edu)