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 fro Death certificates Newspaper notices Notarized statement from an attor 	, -	·
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 UniversityFinancial Aid Office
1 University Ave
Angola, IN 46703

Main Campus 800-347-4878 260-665-4511 fax

TrineOnline - CGPS 877-294-4878 260-665-4511 fax