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Financial Aid Office GUARD2

2024 – 2025: Independent Status Review/Renewal Form

Name:	CCBC ID:						
describes your situ	ou reported on your FAFSA that one of the following lation in Section A, attach all relevant documentation ocess and your responsibilities.						
SECTION A: CIRCU	JMSTANCES (select one)						
	request to be considered, mark the ONE status that ental questions, submit all required documentation,	•	,				
☐ At any time s	since you turned 13, <u>BOTH</u> BIOLOGICAL OR ADOPTIV	/E PA	RENTS WERE DECEASED				
Documentation	Attach a copy of your birth certificate; and Attach a copy of the death certificate for each Attach copy of legal adoption documentatio	•					
Supplemental Questions	plemental						
☐ You are/wer	e in court-appointed <i>LEGAL GUARDIANSHIP (<u>not</u> cu</i> :	stody					
Documentation	 Attach copy of court papers, signed by a judge, verifying that someone other than your parent wa appointed as your legal guardian (<u>not</u> custodian); <u>and</u> Attach documentation showing that you were still with your guardian at the "age of majority" (usuall 18). Documentation may include senior year high school records, medical insurance, federal or state benefit statements (Social Security, SNAP, TCA, and/or Medicaid); <u>and</u> Attach copy of legal adoption documentation, if applicable. 						
Supplemental	SECTION 1A:		SECTION 1B:				
Questions	Review your court documentation carefully. Does	!	Date the court appointed your legal guardian to				
	it specifically award guardianship? No This is not the correct form for your situation. Please review and consider submitting a Dependency Override Request for review.	2.	you: / month / year Name of person(s) appointed as your legal guardian(s):				
	☐ Yes ⚠ Please proceed to Section B, and answer questions 1-3.	!	Were you legally adopted? No Yes If yes, provide age at adoption:				
	(Continued on Pag	ie 2)					
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Financial Aid Office GUARD2

Name:	CCBC ID:					
	ISTANCES (continued)					
•	nce you turned 13, you were in FOSTER CARE					
Documentation	, ,					
	service agency indicating when you were placed in foster care; and					
Supplemental	Attach copy of legal adoption documentation, if applicable.					
Questions	1. Provide age when you were placed in foster care:					
Questions						
	2. Provide dates you were in foster care: From / to / month / year month / year					
	month / year month / year					
	2 Word you locally adopted? No. Yes *If yes provide ago at adoption:					
	3. Were you legally adopted?No Yes *If yes, provide age at adoption:					
At any time sin	nce you turned 13, you were a DEPENDENT OR WARD OF THE COURT					
Documentation	Attach a copy of court document indicating that you were placed under the care, custody, and					
	control of the court/state. It must include the reason for your placement and name of the facility.					
	Attach copy of legal adoption documentation, if applicable.					
Supplemental Questions	Were you legally adopted?No Yes *If yes, provide age at adoption:					
,						
	an EMANCIPATED MINOR					
	sed from the control of my parent or guardian as determined by a court of law.					
Documentation	Attach a copy of legal documentation from the court of your state of legal residence. The court					
Clanantal	must be located in your state of legal residence at the time the court's decision was issued.					
Supplemental Questions	Date the court declared you an emancipated minor:/					
Questions	month / year					
	2. Your age at that time:					
SECTION B: CERTIFIC	CATION					
Lunderstar	nd all Proof of Independent Forms are reviewed on a case-by-case basis, and this written request does					
	itee approval.					
<u></u> 8						
☐ I have atta	ched all documentation required for the status that I selected above.					
	'					
☐ If requeste	ed, I agree to provide further documentation to substantiate this request. Failure to submit all requested					
documentation will result in denial of the independent status for financial aid purposes.						
Warning: The stude	nt signing this worksheet certifies all the information reported is complete and accurate. If you					
	or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.					
, , ,						
						
Student's Sigr	nature Date					
Please allo	Please allow at least 2-3 weeks after ALL documents submitted for review. Check your SIMON account for status updates.					

All documents must be submitted by the last day of the semester.