



ABRAHAM BALDWIN AGRICULTURAL COLLEGE

Office of Financial Aid

ABAC 23, 2802 Moore Highway Tifton, Georgia 31793-2601
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www.abac.edu/fa

STUDENT DEPENDENCY STATUS WORKSHEET 2011-2012

| | |
|--------------------------|---|
| <input type="checkbox"/> | Ward of Court - At any time, since you turned 13, were parents deceased, were you in foster care or were you dependent or ward of the court. (Please attach court documentation) |
| <input type="checkbox"/> | Emancipated Minor - Determined by a court in your state of legal residence. (Please attach court documentation) |
| <input type="checkbox"/> | Legal Guardianship - Determined by a court in your state of legal residence. (Please attach Court documentation) |

OR

| | | |
|--------------------------|---|------------------|
| <input type="checkbox"/> | <p>Unaccompanied Youth who was Homeless (Means lacking fixed, regular and adequate housing, which includes living in shelters, motels or cars, or temporarily living with other people because you had nowhere else to go) and (you are not living in the physical custody of your parent or guardian) and (you are 21 years of age or younger or you are still enrolled in high school as of the day you completed the FAFSA)</p> <ul style="list-style-type: none"> At any time on or after July 1, 2010, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? At any time on or after July 1, 2010, 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? At any time on or after July 1, 2010, 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? <p>If you meet any one of these stipulations pertaining to an <u>Unaccompanied Youth who was Homeless</u>, please complete the information requested below and also have the appropriate person or agency verify your living status.</p> | |
| | Printed Name | School or Agency |
| | Address | City, State, Zip |
| | Email Address | Phone Number |
| | Authorized Signature | Date |

Student Printed Name

Social Security Number

ABAC ID Number

Student Signature

Date