

## Foster Care/Ward of the Court Verification Worksheet 2023-2024

| Student Information   |   |                     |                       |
|---|---|---------------------|-----------------------|
| Student's Name:   |   |                     |                       |
| Student's Address:  | City:   | State:              | Zip:                  |
| Student's SFSC ID:  | Phone: (_   | )                   |                       |
| According to our records, you a                                 | nswered yes to a question on the Free A since you turned 13, both your parents  | Application for Fed | deral Student Aid     |
| You should have answered "yes                                   | s" to this question if at any time since you  | u turned 13:        |                       |
| <ul> <li>You were in foster care,</li> </ul>                    | (biological or adoptive), even if you are<br>even if you are no longer in foster care to<br>or ward of the court, even if you are no lo | today; or,          |                       |
|   | Additional Information  |                     |                       |
| Please answer the following of                                  | question by checking off the statemen   | nt that applies to  | you:                  |
| At any time since you turned ag dependent or ward of the court? | e 13, were both your parents deceased,  | were you in foste   | er care or were you a |
| o Yes, since I turned 13, b                                     | oth my parents have been deceased.  |                     |                       |
| o Yes, since I turned 13, I                                     | was in foster care.   |                     |                       |
| o Yes, since I turned 13, I                                     | Yes, since I turned 13, I was dependent or ward of the court.   |                     |                       |
| If you selected any of the above claim.                         | e statements, please attach copies of offi  | icial documentatio  | on to support your    |
| o No, I made a mistake on                                       | the FAFSA. I authorize corrections to b   | e made on my St     | udent Aid Report.     |
| > By signing below, the stu                                     | udent acknowledges and confirms that the  | e above is comple   | ete and correct.      |
| Print Student's Name  | <br>Student's Signature   |                     | Date                  |

Please submit all documents to: SFSC Financial Aid Office 600 West College Drive, Building B, Avon Park, FL 33825 OR E-mail: FinancialAid@southflorida.edu

Revised: 2/25/2021, TAS