

Foster Care/Ward of the Court Verification Worksheet 2026-2027

Student Information					
Studen	ıt's Name:				
Student's Address:					Zip:
Studen	it's SFSC ID:		Phone	e: ()	
(FAFS	ling to our records, you A) stating that at any ti r you were a depender	me since you turned 1	3, both your pare		
		Additio	nal Informatior	1	
Please	answer the following	g question by checki	ng off the state	ment that applies to	you:
-	time since you turned a dent or ward of the cou	-	ır parents deceas	sed, were you in fost	er care or were you a
0	Yes, since I turned 13, both my parents have been deceased. Please attach copies of official documentation to support your claim.				
0	Yes, since I turned 13, I was in foster care. Please attach copies of official documentation to support your claim.				
0	Yes, since I turned 13	, I was dependent or v	vard of the court.	Please attach copie	s of official
	documentation to supp	oort your claim.			
lf you your c	selected any of the a	bove statements, ple	ease attach copi	es of official docun	nentation to support
0	No, I made a mistake	on the FAFSA. Stude	nt. <mark>Student agre</mark>	es to make correction	n to the FAFSA.
>	By signing below, the	student acknowledges	and confirms tha	at the above is compl	ete and correct.
Print Student's Name		Studen	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: 08/25/2025 VAR