



EMILY GRIFFITH
Technical College

Financial Aid Office
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2018-2019 Unaccompanied Youth

Name: _____ Student ID#: _____

Email: _____ Phone Number: _____

Your status for financial aid as an independent student is based solely on your answer to the "Student Dependency Status" on the 2018-2019 FAFSA that has to do with being an unaccompanied youth and homeless on or after July 1, 2017. Your personal situation must be verified and reviewed.

Please follow these instructions:

1. The section below must be completed by one of the 4 individuals listed. You will choose the appropriate individual based on your situation.
2. **You, the student**, must complete the reverse side of this form, sign, and return for review.

This Section to be completed by a Liaison, Director or Designee who is verifying the student's status.

I AM THE:

- McKinney-Vento School District Homeless Liaison**
(Students: contact your school district for contact information on this person)
- Director or Designee of a U.S. Department of Housing and Urban Development (HUD) emergency shelter or transitional housing program**
- Director or Designee of a runaway or homeless youth basic center or transitional living program funded by the Runaway and Homeless Youth Act**
- Financial Aid Administrator**

I, the Liaison, Director or Designee above, verify _____ (Printed Student's name) was:

CHECK ONE:

- An unaccompanied homeless youth after July 1, 2017.** This means that, after July 1, 2017, this student was living in a homeless situation, as defined by Section 725 of the McKinney-Vento Act, and was not in the physical custody of a parent or guardian.
- An unaccompanied, self-supporting youth at risk of homelessness after July 1, 2017.** This means that after July 1, 2017, this student was not in the physical custody of a parent or guardian, the student provides for his/her own living expenses entirely, and is at risk of losing his/her housing.

As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student's living situation. Please use my contact information below to verify this statement or for additional information.

Printed Name of Liaison, Director or Designee Title

Employer (_____) Work phone number

Employment Address City State Zip Code

Signature of Liaison, Director or Designee Date

→ → → → → **Complete Additional Information on the Back and Sign!**

Student: Please outline below how you meet basic living expenses:

List Your Sources of Income below (wages, welfare, food stamps, unemployment, money paid on your behalf, other support, etc..)	Monthly Amount You Receive	Monthly Expenses	Total cost of Monthly Expenses
	\$	Rent	\$
	\$	Food	\$
	\$	Transportation	\$
	\$	Miscellaneous or Other	\$

By signing this document, I am certifying the information reported on BOTH SIDES is complete and correct to the best of my knowledge.

In addition, I hereby authorize the individual who signed on the reverse side to discuss my situation in regard to this application for Financial Aid with EGTC Financial Aid Office staff.

Student Signature

Date

WARNING:

If you purposely enter false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.