

Financial Aid Office 1860 Lincoln Street 6th Floor

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EmilyGriffith.edu

Independent Minor

| Student Name (Print): | Student ID#: |
|---|--|
| Email: | Phone Number: |
| you are an independent minor. Before we can process | ou selected "Yes" to one of the statements below, indicating that and offer financial aid, you must document that you are ar at best describes your circumstances. Attach the required ce. |
| Attach court documents indicating that you biological or adoptive parent(s). What was your age at the time these documents in the care of your less than the | ch certificates. ned age 13, I was removed from my parent(s)' home and the e custody of the court as a result of being incarcerated. pate court in the county where you were given ward of the court was in foster care placement. |
| confirms you were in foster care. | pate court in the county where you were in foster care that |
| Emancipated Minor: Before I turned 18, I was legative Attach court documentation from the probabilities confirms you were emancipated in the court | pate court in the county where you were emancipated that |
| lacksquare I am unable to provide parental information on the | FAFSA and cannot provide the required documentation. |
| sentence, and/or a fine pursuant to U.S. Criminal Code a understand, and agree to this form in its entirety. | g information could result in criminal prosecution, prison and Colorado Criminal Code. I affirm that I have read, |
| Student Signature | Date |