

Financial Aid Office 1860 Lincoln Street 6<sup>th</sup> Floor Denver, CO 80203

Phone: 720-423-4700

Financial.Aid@emilygriffith.edu

EmilyGriffith.edu

## **Independent Minor**

Student Name (Print):	Student ID#:
Email:	Phone Number:
you are an independent minor. Before we can pr	SA), you selected "Yes" to one of the statements below, indicating that occess and offer financial aid, you must document that you are anow that best describes your circumstances. Attach the required id Office.
<ul> <li>➢ Attach court documents indicating the biological or adoptive parent(s).</li> <li>➢ What was your age at the time these</li> <li>➢ How long did you stay in the care of your ever returned to the care of your ever returned to the care of your ever you ever returned to the care of your ever ever you ever returned to the care of your ever ever ever your ever returned to the care of your ever ever ever ever ever ever ever ev</li></ul>	s' death certificates. e I turned age 13, I was removed from my parent(s)' home and the in the custody of the court as a result of being incarcerated. e probate court in the county where you were given ward of the court at 13, I was in foster care placement.
➤ Attach documentation that confirms  □ Emancipated Minor: Before I turned 18, I was  ➤ Attach court documentation from the confirms you were emancipated in the	as legally emancipated from my parent(s). e probate court in the county where you were emancipated that
☐ I am unable to provide parental information	on the FAFSA and cannot provide the required documentation.
understand that purposely providing false or misle sentence, and/or a fine pursuant to U.S. Criminal understand, and agree to this form in its entirety.	
Student Signature	Date