

# MCDANIEL

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## COLLEGE

### FINANCIAL AID OFFICE

## Orphan, Ward of the Court, or Foster Care Form

\_\_\_\_\_  
Student ID#\*

\*for new students, the Student ID# can be found on the Financial Aid Award Letter

\_\_\_\_\_  
Academic Year

\* i.e 2022-2023, 2023-2024

\_\_\_\_\_  
Student Name(Last Name, First Name)

Your Independent status is based solely on your answer to the question regarding your Orphan, Ward of the Court, or Foster Care status on the FAFSA. Please submit the legal documentation listed below to verify this status. Please check the box below that best represents your situation and submit the required documentation. We will not be able to fully process your aid until the documentation and form have been completed, received, and processed.

### SELECT THE APPLICABLE BOX AND SUBMIT THE REQUESTED DOCUMENTATION

- I am or was an orphan at any time from the age of 13 or older (even if you are now adopted; check this box only if both parents are deceased; do not check this box if one parent is deceased and the whereabouts of your other parent is unknown).
  - Attach a copy of your birth certificate, along with a copy of each parent's death certificate.
  
- I am or was a ward or dependent of the court at any time from the age of 13 or older (even if you are no longer a ward of the court as of today).
  - Attach a letter from your social worker confirming that you were a ward of the court, or other court documentation showing that you were removed from your home because it posed a direct threat to your well-being.
  
- I am or was in Foster Care from the age of 13 or older (or was a ward until age 18).
  - Attach a copy of a court's decision or other documents to verify your status.
  
- None of the above pertains to me. Please complete the following items:
  - Go to [www.studentaid.gov](http://www.studentaid.gov) to update your FAFSA
  - Include parental information on the FAFSA, if you have not already done so

*By signing this form, I certify that all the information reported is complete and correct. I understand that if I purposely give false or misleading information on this form, I may be fined, sentenced to jail, or both. I understand that McDaniel College, Financial Aid Office is authorized to make changes to my FAFSA based on the information I report on this form.*

\_\_\_\_\_  
Student Signature (HANDWRITTEN, not typed)

\_\_\_\_\_  
Date

*This form contains **personally** identifiable information.  
Financial Aid Office 2 College Hill Westminster, MD 21157  
410.857.2233 (Voice) 410.386.4608 (fax)*