

Lander University Financial Aid Office 320 Stanley Avenue, Greenwood, SC 29649

320 Stanley Avenue, Greenwood, SC 29649 Email: finaid@lander.edu • Web: www.lander.edu/finaid Phone: (864) 388-8340 • Fax: (864) 388-8811

2023-2024 Orphan/Foster Care/Ward of the Court Verification Form

| Student's Last Name | First Name | MI | | Lander ID (L#) |
|---|--|--|--|--|
| Address: Street | City | State | Zip | |
| On the FAFSA, you indicated that Please complete the form below | | oster care or are/were | e a ward of the c | ourt at any time since you turned 13 |
| deceased. Do not check your other parent is unknocheck this box. O Please attach | biological parents are deceased. I as this box if one parent is deceased are own. If both parents are deceased are copy of your birth certificate identifyicopies of your parents' death certificate | nd you have little or no nd you have a legal gua ing your parents | contact with your | |
| parents are deceased A have little or no contact v are not an orphan. You v O Please attach a | viological parents are deceased. I van Dyou were adopted at any time so with your other parent or if the whereal will report your adoptive parents' infor a copy of your birth certificate identifyicopies of your parents' death certificate. | since you turned 13. bouts of your other pare mation on the FAFSA. ing your parents and co | Do not check this ent is unknown. <u>I</u> | box if one parent is deceased and you fadopted before age 13, check that you |
| Provide a copy | as in foster care at any time since I of court documentation indicating yo e circumstances that led to your being | ur foster care status or | | ocial services agency or case worker |
| a ward of the court if the through a guardian appo in legal custody of their p (when a child is released | student is (or was at any time since h | ne/she turned 13) under is no longer a depende thority over them are no | the protection of ent or ward of the ot considered to be | court as of today. Students who remain wards of the court. Emancipation |
| | a copy of the court order designating yorker confirming your status. | your status as a ward/d | dependent of the c | ourt or a letter from your social services |
| document, you may prov | C resident and are in the custody of tide a letter from DSS verifying this sover form is available at www.lander.ec | we may evaluate eligib | | and this is not indicated in the court Need-based Grant funding (contingent |
| None of the statements court. You will need to: | above apply to me. – Since you do | not qualify as an indep | endent student ba | ased on being an orphan/ward of the |
| were you in fos Complete the I If you feel you www.lander.ed | AFSA by answering NO to the questic ster care or were you a dependent or FAFSA with parent information in STE have special circumstances, you may tu/finaid/forms to the Lander Universifereturn this form to the Financial Aid O | ward of the court?" in S EP 4. y review and submit the ity Financial Aid Office. | STÉP 3. | 13, were both your parents deceased, ndency Appeal Form available at |
| I declare that all the information ren | ported on this document is true and ac | courate Lunderstand th | hat any false state | ment or misrepresentation will be |

I declare that all the information reported on this document is true and accurate. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student's Signature (Required) Phone # Date

| DATA ENTRY | | Financial Aid Office Use Only | COUNSELOR REVIEW (circle one) | | |
|--------------------------|--|---|-------------------------------|--|--|
| RRAAREQ | N=Pending Review Insert CNSLV N=Pending Review | Orphan/Ward documentation Received and Approved: * xxORPH = S | | | |
| Initials/date | | Orphan/Ward documentation Incomplete: *xxORPH = I (or M and ROAMESG = ORPI if incomplete and something to be mailed back) | | | |
| Fwd to Counselor date | Counselors must finalize their review within 60 days of receipt of initial application. | Orphan/Ward Status not Approved: *RNANAxx Orph/Ward = N | | | |
| | In addition, for students in custody of DSS: | Institutions must give first priority and award the maximum allowable Need-based Grant (\$2,500 if full-time or \$1 part-time) to students who are in the custody of the South Carolina Department of Social Services (DSS). Review | | | |
| | | CNSLR Initials and date | | | |