



Office of Financial Aid

Phone: 864-388-8340 | Fax: 864-388-8811 | Form Code 27FOST
 320 Stanley Avenue, Greenwood, SC 29649 | lander.edu/finaid | Email: finaid@lander.edu

2026-2027 Foster Care Verification Form

Student's Last Name	First Name	MI	Lander ID (L#)
Address: Street	City	State	Zip

On the FAFSA, you indicated that you were in foster care any time since you turned 13. Please complete the form below to verify your status.

- I am in foster care or was in foster care at any time since I turned age 13.
 - o Provide a copy of court documentation indicating your foster care status or a letter from the social services agency or case worker familiar with the circumstances that led to your being placed in foster care.

In addition, if you are a SC resident and are in the custody of the **SC Department of Social Services** and this is not indicated in the court document, you may provide a letter from DSS verifying this so we may evaluate eligibility for limited SC Need-based Grant funding (contingent upon availability). A SC Need Based Grant Waiver Form for foster care youth form is available at www.lander.edu/finaid/forms.

- None of the statements above apply to me.** – Since you do not qualify as an independent student based on being in foster care, you will need to:
 - o Correct your FAFSA by unchecking the item to question #5 “At any time since the student turned 13, they were in foster care”.
 - o Complete the FAFSA with parent information (and if applicable, stepparent) information. The parent that should be reported on the FAFSA is the parent who provides the greater portion of the student’s financial support, even if the student does not live with them.
 - o If you feel you have special circumstances, you may review and submit the 2026-2027 Dependency Appeal Form available at www.lander.edu/finaid/forms to the Lander University Financial Aid Office.
 - o Complete and return this form to the Financial Aid Office.

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
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DATA ENTRY	Financial Aid Office Use Only	COUNSELOR REVIEW (circle one)
RRAAREQ	N=Pending Review Insert CNSLV N=Pending Review	Foster Care documentation Received and Approved: * xxFOST = S * Update ROANYUD 32 Foster Care Ver'f'd = Y *Re-track on ROAIMMP
Initials/date		Foster Care documentation Incomplete: *xxFOST = I (or M and ROAMESG = FOSI if incomplete and something to be mailed back)
FSAH AVG Fwd to Counselor date	Counselors must finalize their review within 60 days of receipt of initial application.	Foster Care Status not Approved: *RNANAx Foster = N *Recalc Need and update ROAUSDF SAI and trans *RRAAREQ - xxFOST = S , CORRP= E *Re-track on ROAIMMP unless parent info provided, will track into UNSAR or UNSIGN *ROAMESG – type note unable to approve
	In addition, for students in custody of DSS:	Institutions must give first priority and award the maximum allowable Need-based Grant (\$3,500 if full-time or \$1,750 if part-time) to students who are in custody of the South Carolina Department of Social Services (DSS). Review award.
	CNSLR Initials and date	