**MORAINE PARK**
**TECHNICAL COLLEGE**

**Student Services Center**
235 North National Avenue
PO Box 1940
Fond du Lac, WI 54936-1940
920-924-3207
1-800-472-4554
TTY/VP: Use Relay/VRS
financialaid@morainepark.edu
Fax (920) 924-3421

WARD

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

Name: _____

Student ID: **N** _____

Aid Year: _____

Your status as an independent student for financial aid purposes was based upon your answer to the following question on the Free Application for Federal Student Aid (FAFSA):

• At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?

The FAFSA instructions notify you that the financial aid administrator at your school may require proof of your status. In order to complete the financial aid process, please check the status that best represents your situation and submit the required documentation. Your aid cannot be processed until documentation has been received and evaluated.

| Status (Check One) | Required Documentation |
|---|---|
| ☐ **No living parents**<br>You had no living parent (biological or adoptive) when you were age 13 or older, even if you are now adopted. | Provide both parents' death certificates. |
| ☐ **Foster Care**<br>You were in foster care when you were age 13 or older, even if you are no longer in foster care as of today. | Provide legal documentation (court documents) or a letter from the Department of Human Services in your state of legal residence. Documentation must confirm that you were in foster care at age 13 or older. |
| ☐ **Dependent/Ward of the Court**<br>You were a dependent/ward of the court when you were age 13 or older, even if you are no longer a dependent/ ward of the court as of today. | Provide legal documentation (court documents) or documentation from the Department of Human Services in your state of legal residence. Documentation must confirm that you were a dependent or ward of the court at age 13 or older. |

**All letters submitted from social services agencies must be on letterhead and signed. Please attach this form to your submitted documentation.**

_____    _____
Signature                                          Date