UNIVERSITY OF NORTH DAKOTA

2023-2024 Verification of Orphan, Foster Care or Ward of the Court

Return to:

One-Stop Student Services
Memorial Union Room 302
2901 University Ave Stop 7155
Grand Forks, ND 58202-7155

Secure document upload:
Verification Document Upload Form

Student Information

Last Name _____ First Name _____ MI _____ Student ID _____

Date of Birth ____|____|____ Telephone Number (_____)_____--_____ E-Mail Address _____@und.edu

INSTRUCTIONS: On the 2023-2024 FAFSA you answered "yes" to question **49**, which asked: *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?* Additional information is needed for us to determine whether you meet the criteria to answer "yes" to this question, thereby making you independent for financial aid purposes.

Your financial aid cannot be processed until this information is received.

Please mark the category below that pertains to your specific situation. Be sure you answer any questions that follow.

☐ **Both Parents deceased**
DOCUMENTATION REQUIRED: A copy of the death certificate for both of your parents.

☐ **Foster Care** *(defined as a child without parental support and protection that has been placed with a person or family to be cared for, usually by local welfare services or by court order)*

Age when you were placed in foster care _____
List the dates you were in foster care (month/year) From_____/_____ To_____/_____

DOCUMENTATION REQUIRED: Documentation from court or social service agency indicating that you were placed in foster care.

☐ **Dependent or Ward of the Court** (*defined as the status of a child who is removed from the care, custody and control of parents and placed under care, custody and control of Juvenile Services)*

Age when you were a ward of the court/state _____
List the dates you were a ward of the court/state (month/year) From_____/_____ To_____/_____

DOCUMENTATION REQUIRED: Copy of the court document that indicates you were placed under the care, custody and control of the court/state. It must include the reason for your placement and the name of the facility.

☐ **None of the categories above pertain to me** – Please complete the following items:

- Go to www.fafsa.gov to update your FAFSA, question **49**, to "*NO*"
- Include parental information on the FAFSA, if you have not already done so

By signing this worksheet, I certify that all of the information reported on this worksheet is complete and correct.

Student Signature: _____ Date: _____

Warning: If you purposely give false or misleading information on the worksheet, you may be fined, sentenced to jail, or both.