

Meredith College Office of Financial Assistance 3800 Hillsborough St. Raleigh, NC 27607 Fax 919-760-2373

2023-24 Dependency Documentation

Last Name	First Name	xxx-xx-
		Last 4 digits student's SSN
Emancipated Minor, in Leg	ou indicated that you are an Orphan, Ward al Guardianship, or a Homeless Youth. Pla bes your situation and attach the docume	ease complete this form by checking the
•	SA. I do not fit into any of the categories <u>v</u> . (Use your FSA ID and password to makermation).	•
I have provided docu	mentation in a previous year and my statu	us has not changed.
When I was age 13 or provide a copy of the court	older, I became an orphan, ward of the co	ourt, or was in foster care. Please
I am an emancipated from your state of legal res	minor or am in legal guardianship. Please idence.	e provide a copy of the court documents
or at risk of being homeless living in shelters, motels or go. "Unaccompanied" mea	ation on or after July 1, 2022, that I am an set. "Homeless" means lacking fixed, regular cars, or temporarily living with other peons you are not living in the physical custocial agency letterhead, from either your Seless Youth Center.	ar and adequate housing, which includes ople because you had nowhere else to ody of your parent or guardian. Please
	Student Certification	
my knowledge. I understa	formation reported on this document is tr and that any false statement or misreprese for repayment of financial assistance.	rue, complete and accurate to the best of entation will be cause for denial,
Student Signature:	Dat	re: