The Office of Financial Aid Zimbar-Liljenstein Hall - Suite 100 Phone: 570-422-2800 Fax: 570-422-2850

Date

2021-22 INDEPENDENT STATUS REQUEST

| Student Name: | ESU ID # | | |
|---|---|--------------|--------------|
| Student ESU E-mail: | | | |
| Student Phone: | | | |
| | itus and process any federal financial aid on your behalf lestions below and attach any required documentation. | , we must v | erify your |
| All requests must be submitte | d with third party documentation and a sig | ned state | <u>ement</u> |
| | explaining your situation. | | |
| <u>Rea</u> : | sons for Request | <u>Circl</u> | e One |
| | h of your parents deceased, were you in foster care, or fyes, please provide death certificates or legal | Yes | No |
| Do you now have children or other legal deper receive more than half of their support between certificate and documentation showing how | ndents (other than a spouse) who live with you, and will en now and June 30, 2022? If yes, please provide birth you support a dependent (tax return, pay stub, etc.) oviding more than 50% support for you and your child(ren), ndent and would not be an independent student. | Yes | No |
| Are you an emancipated minor as determined provide legal documentation | by a court in your state of legal residence? If yes, please | Yes | No |
| If yes, please provide legal documentation. If guardianship was granted prior to turning 2 | s determined by a court in your state of legal residence? 13, please provide a signed statement, along with legal current guardianship status and relationship with | Yes | No |
| determine that you were an unaccompanied yrisk of being homeless, or (b) did the director of funded by the U.S. Department of Housing and unaccompanied youth who was homeless or widd the director of a runaway or homeless your | ur high school or school district homeless liaison routh who was homeless, or were self-supporting, and at of an emergency shelter or transitional housing program durban Development determine that you were an overe self-supporting, and at risk of being homeless, or (c) th basic center or transitional living program determine was homeless? If yes, please provide letter from the nal housing/living program. | Yes | No |
| | elf-sufficiency and parental refusal to disclose tax al statement describing the situation and documentation | Yes | No |
| | | • | • |

Student Signature