2015-16
Student Dependency Status
Clarification Form
(F6FDSC)

Marquette University, Office of Student Financial Aid
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Milwaukee, WI 53201-1881
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Website: marquette.edu/mucentral/
Tel: (414) 288-4000 Fax: (414) 288-1718

We must verify the information you provided on the FAFSA concerning your dependency status. Please check the appropriate response to the statement in question indicated below. If “Yes” is checked, provide the required supporting documentation indicated (**) along with this signed form to Marquette Central. If “No” is checked, sign and submit the form to Marquette Central.

You indicated on your FAFSA that:

☐ When you were age 13 or older, you had no living parent (biological or adoptive), you were in foster care, or you were a dependent/ward of the court.
  ☐ Yes, the statement above is true and correct.
  **You must provide proof that you were in foster care or a dependent/ward of the court.
  ☐ No, the statement above does not apply to my situation.

☐ You are or were an emancipated minor as determined by a court in your state of legal residence.
  ☐ Yes, the statement above is true and correct.
  **You must provide proof of a court’s decision that you are or were an emancipated minor. The court must be located in your state of legal residence.
  ☐ No, the statement above does not apply to my situation.

☐ You were in a legal guardianship as determined by a court in your state of legal residence. (A caregiver or other person with whom you are living is only considered a legal guardian if a court in your state of legal residence has established guardianship.)
  ☐ Yes, the statement above is true and correct.
  **You must provide proof of a court’s decision that you are in a legal guardianship.
  ☐ No, the statement above does not apply to my situation.

☐ Any time on or after July 1, 2014 you were considered an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless by your high school or school district homeless liaison.
  Or,
  ☐ Any time on or after July 1, 2014 you were considered an unaccompanied youth who was homeless or self-supporting and at risk of being homeless by the director of a shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development.
  Or,
  ☐ Any time on or after July 1, 2014 you were considered an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless by the director of a runaway or homeless youth center or transitional living program.
  ☐ Yes, the statement above is true and correct.
  **You must provide a copy of the determination.
  If you do not have a determination but you believe you are/were an unaccompanied youth who is homeless or an unaccompanied youth providing your own living expenses who is at risk of being homeless, contact your high school counselor, school district McKinney-Vento homeless liaison, school’s financial aid office, or the National Center for Homeless Education at 1-800-308-2145 for assistance.
  ☐ No, the statement(s) above does not apply to my situation.

NOTE: YOU MUST SPEAK AND/OR MEET WITH A FINANCIAL AID COUNSELOR WHO WILL REVIEW AND SIGN THIS FORM BEFORE IT IS CONSIDERED COMPLETE.

Student Signature ___________________________ Date ________________ Parent Signature ___________________________ Date ________________

( Failure to complete and return this to Office of Student Financial Aid within 45 days of request may result in a reduction or loss of your financial aid)

(OFFICE USE ONLY)

Counselor Signature ___________________________ Date ________________ Dependency Status ___________________________