Student Dependency Status Clarification Form (F7FDSC)

Marquette University, Office of Student Financial Aid
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Customer Service Hours:
9:00 am - 5:00 pm (Monday through Friday)
Closed on weekends and holidays

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:

☐ 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.
   **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, with someone other than a parent or stepparent, 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.)
   **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, 2015 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, 2015 you were considered an unaccompanied youth who was homeless or were 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, 2015 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.
   **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.

I certify that the information on this form is true and correct.

Student 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)