2017-18
Student Dependency Status
Clarification Form
(F8FDSC)
Marquette University, Office of Student Financial Aid
Zilber Hall, Suite 121
P.O. Box 1881
Milwaukee, WI 53201-1881
Email: marquettecentral@marquette.edu
Website: marquette.edu/mucentral/
Tel: (414) 288-4000 Fax: (414) 288-1718

Student
Legal Name: ____________________________________  MUID #: ______________________

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, 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.)
  ☐ 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, 2016 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.
  ☐ Yes, the statement above is true and correct.
    **You must provide a copy of the determination.
  ☐ No, the statement(s) above does not apply to my situation.

(IIf 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.

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)