

STUDENT ID # S _____

Student's Last Name:	
Student's First Name:	M.I.
Last 4 Digits of SSN	
Mailing address	
Email	Phone:

Return to:

College of the Siskiyous
 FINANCIAL AID OFFICE
 800 College Ave
 Weed, CA 96094
 Phone: 530-938-5209 Fax 530-938-5501
 E-mail: finaid@siskiyous.edu
 Web site: www.siskiyous.edu/financialaid

Did you answer yes to any of the following questions on your 2011 - 2012 FAFSA?

If so you will need to provide proof of your circumstances.

1. As determined by a court in your state of legal residence, are you or were you an emancipated minor?
2. As determined by a court in your state of legal residence, are you or were you in legal guardianship?
3. At any time on or after July 1, 2010, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?
4. At any time on or after July 1, 2010, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?
5. At any time on or after July 1, 2010, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

-If you answered yes to questions 1 or 2, you will need to provide court documents that prove that you were either an emancipated minor or in legal guardianship.

-If you answered yes to questions 3 through 5 you will need to provide letters from the director(s) of the institution(s) who determined you were homeless.

Please explain your circumstances on the back of the form and attach any letters from involved individuals.

This form is also a release of information to let the Financial Aid Office at College of the Siskiyous have the ability to request any documents needed to determine dependency. By signing below you understand that you are allowing College of the Siskiyous to have access to confidential information given by the below mentioned institution(s).

I _____ authorize _____
Students Name Institution(s)
 to release information to College of the Siskiyous on my behalf.

 Student Signature

 Date

