



Financial Aid

College of the Siskiyous, 800 College Ave., Weed, CA 96094
 Phone: (530) 938-5209 - Fax: (530) 938-5376 – Email: financialaid@siskiyous.edu

2024-2025 Determination of Independent Status

Student Information:

Student ID #: _____

Last Name: _____

First Name: _____

If you answered yes to any of the following questions on your 2024-2025 FAFSA, 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?

Yes No

If you answered **Yes**, you will need to provide a copy of a court's decision that as of today you are an emancipated minor.

2. At any time on or after July 1, 2023, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?

Youth means someone who is 21 years of age or younger or is still enrolled in high school as of the day they signed the FAFSA.

Unaccompanied means someone who is not living in the physical custody of their parent or guardian.

Homeless means lacking fixed, regular and adequate housing, which includes living in shelters, motels, cars, or temporarily living with other people because they had nowhere else to go.

Yes No

3. At any time on or after July 1, 2023, 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 or were self-supporting and at risk of being homeless?

Yes No

4. At any time on or after July 1, 2023, 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?

Yes No

If you answered **Yes** to questions 2 through 4 you will need to provide letters from the director(s) of the institution(s) who determined you were homeless.

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 (Student's Name) _____

authorize (Institution(s)) _____

to release information to College of the Siskiyous on my behalf.

The above information and supporting documentation is true and correct to the best of my knowledge.

Student Signature: _____

Date: _____