



WALLACE
COMMUNITY
COLLEGE

STUDENT NAME: _____

STUDENT ADDRESS: _____

STUDENT NUMBER: _____ STUDENT PHONE #: _____

2017-18 Legal Guardianship Form or Emancipated Minor

On your 2017-18 financial aid application, you indicated that you are or were in legal guardianship or were an emancipated minor. Please complete this form by checking one of the boxes below. Sign and submit it, **along with any required documentation**, to the Financial Aid Office. Include your student ID number on all documentation submitted. You should make a copy of this form and all documents for your records.

I am or I was in legal guardianship. Check this box only if:
 (A) You can provide a copy of a court’s decision that you were in legal guardianship immediately before you reached the age of being an adult in your state, or
 (B) You can provide a copy of a court’s decision that you were in legal guardianship. Also provide a signed statement from your legal guardian indicating that the legal guardianship is currently in effect or remained in effect until you reach the age of being an adult in your state.
Note: For (A) and (B), the court must be located in your state of legal residence at the time the court’s decision was issued.
Documentation: Attach a copy of a court’s decision of your legal guardianship status. For (B), you must also provide a signed statement from your legal guardian

I was or I am an emancipated minor. Check this box only if:
 (A) You can provide a copy of a court’s decision that as of today you are an emancipated minor, or
 (B) You can provide a copy of a court’s decision that you were an emancipated minor immediately before you reached the age of being an adult in your state.
Note: For (A) and (B), the court must be located in your state of legal residence at the time the court’s decision was issued.
Documentation: Attach a copy of a court’s decision of your emancipated minor status.

I made an error on my financial aid application and I have never been in legal guardianship or an emancipated minor.*

*You must provide your parent(s) information and signature on your financial aid application.

I certify that all information reported on this form is true, complete, and accurate. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student’s Signature _____
Date

Financial Aid Office Use Only

Qualifies – in legal guardianship **Qualifies** - emancipated minor

Not eligible – not in legal guardianship or emancipated

Comments Support Decision: _____

Date of Review: _____ Reviewed by: _____