

Parents Deceased/Foster Care/Ward of the Court Verification Form

Please print in black ink only.			
Student Name:			
	Last Name	First Name/MI	Student ID or SSN
Please Check	($ lap{\ensuremath{\checkmark}}$) the appropriate request(s) and ret	urn to the Financial Aid Office.	
or that you ar	n your FAFSA application that since you re (or were until age 18) a Ward of the C provide the information by completing	ourt. All other questions for Step Th	ree of your FAFSA were answered
	Both of my parents are deceased. Documentation: Please subm parents and their Death Certif	it a signed statement listing the nam icates.	es of your deceased birth/adopted
	I was in foster care or was a Ward of the Court for a reason other than juvenile misbehavior. Documentation: Please submit DHS/court documentation showing status and dates.		
	These statuses do not apply to me. Please correct my FAFSA for me.		
Student Signature		 Date	

Please return completed form via mail or fax to:

Columbia Gorge Community College Financial Aid Office 400 East Scenic Drive The Dalles, OR 97058

Fax: (877) 368-6370

Email: financialaid@cgcc.edu

Columbia Gorge Community College is an equal opportunity educator and employer.