## ORPW24



## WAYNE STATE UNIVERSITY | Office of Student Financial Aid

The Welcome Center • 42 West Warren • P.O. Box 2340 • Detroit, MI 48202-0340 • Fax: 313-577-6648 studentservice@wayne.edu • wayne.edu/financial-aid • Check your aid status at academica.wayne.edu

## 2023-24 Orphan/Ward of the Court/Foster Care Verification Form

Student's First Name			9-digit WSU Student ID #	
Student's Last Name			Phone Number	
You reported on your FAFSA that you are an orphan, or you were a ward of the court, or you were in foster care. To complete the determination of your eligibility for financial aid, please complete and submit this form to the Office of Student Financial Aid with the required documentation within 14 business days. Include your student ID number on all documents submitted.				
	CHECK below			REQUIREMENTS
		am an orphan.  Check this box only if you had no living parent (biological or adoptive) at any time since you turned age 13, even if you are now adopted.		Attach a copy of the death certificate of each of your parents.
	I was in foster care.  Check this box if you were in foster care at any time since you turned age 13, even if you are no longer in foster care as of today.			Attach a copy of the state Department of Human Services Verification of Court/State Ward Status form from your caseworker.
	Check this box if time since you tu	d of the court, or I was a state ward of the you were a dependent or ward of the urned age 13, even if you are no longered of the court as of today.	Attach a copy of the court decree from the Family Independence Agency (FIA).	
	Check this box if time since you tu	ck this box if you were a dependent or ward of the court at any e since you turned age 13, even if you are no longer a dependent yard of the court as of today.		Attach a copy of the Letters of Guardianship or Order of Discharge from Guardianship.
	I made an error on my FAFSA. I am/was neither an orphan nor a ward of the court, and neither am I/was I in foster care.		•	You and one parent MUST correct the information on your FAFSA at studentaid.gov by providing your parent(s)' financial information and signature.
REQUIRED SIGNATURE: I certify that all information reported is complete and correct. I understand that changes in my FAFSA financial information based on the documentation provided may result in a change in financial aid eligibility.				
	Student signatur	e (Signature must be handwritten with	ink or stylus)	Date