



Please PRINT Clearly

Student Name (Last, First):	TU ID #:
Phone Number:	E-mail Address:

For every question on this form, the terms "I-19" and "mhr7" (N1 i Åã6 @RçS20 € 3Ñ—F^â0 224 fn fs h 6vernrn( )T3lrnl-1 17.(l-1 17.)-10( f) 16 >>BDC r hr8E 10.0587V6Q(aeV)2400/46f0s> y6.98d y3(3f20342023FAP507) artifact <</MCID 1

	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you a veteran or current active duty member of the U.S. Armed Forces? (See Note 1.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have one or more children or other dependents who get more than half their support from you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Answer yes if any of the following conditions were true for any period of time after you turned 18: a. Both of your biological or adoptive parents were deceased or b. You were placed in foster care (Answer yes, even if you were later adopted, or released from foster care.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Are you currently an Emancipated Minor as determined by a court in your state of legal residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ 22, did you meet any of these three categories of homelessness:	
a. Did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Did the director of an emergency shelter or transitional housing program funded by the Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Appeal Instructions:

If you do not meet conditions 1-8 above, federal aid regulations normally require us to consider your parent(s)' financial resources when evaluating your financial need. However, if extraordinary circumstances make it difficult for you to obtain your parent(s)' financial data, we may be able to consider your appeal. For more information, please contact the Financial Aid Office at (800) 448-7447 or visit our website at [www.finaid.org](http://www.finaid.org).

8. If you own a vehicle, are you making payments on that vehicle?  Yes  No

9. Do you have health insurance?  Yes  No

10. When was the last time you received health insurance through either of your parents or their employers?

List which parent and the approximate date or your age at the time: \_\_\_\_\_

11. List your addresses since the age of 18 or since you moved out of your parent(s)' home. Include your relationship to the people who owned or rented the property (parents, aunt, self, friend, etc.) and the dates you lived at each address.

Your Address

Your





**Student Section:**

Student Name (Last, First):		TU I.D. #:
Phone Number:	E-mail Address:	
Mailing Address:		

Use this form to ask two objective third parties to submit statements to our office verifying their knowledge of your strained relationship with your parents. Relevant persons include, but are not limited to, school counselor, lawyer, clergy, medical or mental health professional, employer, court or legal official.

We must receive separate signed statements from each parent (signed by the parent and signed by the student) >>BDC 42)-3.6 (v))-0ev0v07( v)-8v0ev077 (g)1eT0 1 Tf Tw 1.5

