# LOUISIANA TECH UNIVERSITY
## Office of Financial Aid
### Verification of Orphan/Ward of the Court/Foster Care/Legal Guardianship 2024-2025

**Please return this completed form to:**
Louisiana Tech University
Office of Financial Aid
PO Box 7925 Ruston, LA 71272

STUDENT'S Last Name | First Name | MI

STUDENT'S CWID or SSN

STUDENT'S Local Address (include Apt. No.)

STUDENT'S Date of Birth (MM/DD/YYYY)

City | State | Zip Code

STUDENT'S Home Phone (Include area code)

STUDENT'S Email Address

STUDENT'S Cell Phone (Include area code)

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 Financial Aid with the required documentation within 7 business days. **Include your CWID on all documents submitted.**

| | Status | Requirements |
|---|---|---|
| ☐ | **I am an orphan.**<br>Check this box only if you had no living parent (biological or adoptive) at any time since you turned age 13. | **ATTACH** a copy of the death certificate of each of your parents. |
| ☐ | **I was in foster care.**<br>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. |
| ☐ | **I am a ward of the court or I was a ward of the court.**<br>Check this box if you were a dependent or ward of the court at any time since you turned age 13, even if you are no longer a dependent or ward of the court as of today. | **ATTACH** a copy of the court decree from the Department of Children and Family Services (DCFS). |
| ☐ | **I am or I was in legal guardianship.**<br>Check this box only if: (A) You can provide a copy of a court's decision that you are in legal guardianship, OR (B) 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. The court must be located in your state of legal residence at the time the court's decision was issued. | **ATTACH a** typewritten statement specifying reason(s) for guardianship and length of time with that status. Also provide a copy of the Letters of Guardianship or a copy of the court's Order of Discharge from Guardianship. |
| ☐ | **I made an error on my FAFSA.**<br>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 www.studentaid.gov by providing your parent's financial information and FSA ID. |

**SIGNATURE REQUIRED:** I certify that all information reported is complete and correct. I understand that changes in my FAFSA financial information based on this documentation provided may result in a change in financial aid eligibility.

**Student Signature:** **Date:**



Print Form