



**INDIANA UNIVERSITY  
SOUTH BEND**

**Orphan, Ward of the Court,  
Foster Care, Emancipated Minor,  
Legal Guardianship Worksheet  
2018 – 19 Academic Year**

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Office of Financial Aid and Scholarships ▪ Indiana University South Bend ▪ P.O. Box 7111 ▪  
South Bend, IN 46634-7111. PHONE: (574)520-4357 FAX: (574) 520-5561 Website: financialaid.iusb.edu

When you completed the 2018 - 19 FAFSA, you indicated you were either an orphan, a ward of the court, in foster care at the age of 13, an emancipated minor, or in legal guardianship. Because of this, your application has been selected for review.

Student's Name \_\_\_\_\_  
(Please print)      Last                                      First                                      Middle

Student University ID Number \_\_\_\_\_

Please attach requested documents, sign the worksheet and submit all documents to our office. If this worksheet is incomplete, it will be returned to you. No disbursement of funds can be made until all requested documents are received and reviewed. Failure to provide appropriate documentation of your status will delay the processing of your aid.

Are you an orphan (biological/adoptive parents are deceased)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please attach copies of death certificates.

At any time since you turned age 13 were you a dependent or ward of the court, even if you are no longer a dependent or ward of the court today? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Note: for federal student aid purposes, someone who is incarcerated is not considered a ward of the court.  
If yes, please attach court documentation that verifies your status.

Were you in foster care at any time since you turned 13? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please attach court documentation that verifies your status.

Are you, or were you, as determined by a court in your state of legal residence, an emancipated minor before the age of adulthood? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please attach court documentation that verifies your status.

Are you, or were you, as determined by a court in your state of legal residence, in legal guardianship before you reached the age of adulthood in your state? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please attach court documentation that verifies your status.

Affirmation Statement: Information included on this form is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_