



Financial Aid Office
The Evergreen State College
Olympia, WA 98505

FINANCIAL AID OFFICE

Office: 360-867-6205
Fax: 360-867-6576
Email: finaid@evergreen.edu
Web: www.evergreen.edu

2010-2011 Proof of Independent Status

Student's Name: _____ Evergreen ID # _____
(print) Last First MI

Address: _____ Phone: (____) _____
City State ZIP

You have indicated on your FAFSA that one of the following circumstances applies to you. Please check the appropriate category and attach the required documentation.

I am or I was an emancipated minor as determined by the court in my state of legal residence, or I am or I was in legal guardianship as determined by the court in my state of legal residence.

Attach a copy of a court's decision that as of today you are an emancipated minor or in legal guardianship **or** a copy of a court's decision that you were an emancipated minor or were in a 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.

At some time on or after July 1, 2009, my high school or school district homeless liaison determined that I was an unaccompanied youth who was homeless.

Attach a copy of the determination from your high school or school district homeless liaison.

At some time on or after July 1, 2009, the director of an emergency shelter program funded by the U.S. Department of Housing and Urban Development (HUD) determined that I was an unaccompanied youth who was homeless.

Attach a copy of the determination from the emergency shelter program director.

At some time on or after July 1, 2009, the director of a runaway or homeless youth (RHYA) basic center or transitional living program determined that I was an unaccompanied youth who was homeless or was self-supporting and at risk of being homeless.

Attach a copy of the determination from the emergency shelter program director.

Student's Signature: _____ Date: _____