



ATTN: FTP	CCBC: Dundalk Campus Financial Aid Office 7200 Sollers Point Road Baltimore, MD 21222	Fax 443-840-2824
DO NOT CALL TO CONFIRM RECEIPT!		
Allow 24-48 business hours for login, then view status of all forms online via SIMON account (https://simon.ccbcmd.edu)		

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CAMPUS: _____ INITIAL: _____

C D E OM

**Financial Aid Office
GUARDIANSHIP**

2023 – 2024: Independent Status Review/Renewal Form

Name: _____ CCBC ID: _____

INSTRUCTIONS: You reported on the FAFSA that one of the following circumstances applies to you. If CCBC has approved your status in a prior year, complete *only* the renewal section for review. If CCBC has not previously approved your status, proceed to Part II and complete Sections A & B.

I. RENEWAL REQUEST: CCBC APPROVED STATUS IN PRIOR YEAR

CCBC approved my status in a prior year and has my documentation on file. My previously approved status was:

<input type="checkbox"/> Parents both deceased	<input type="checkbox"/> Ward of Court	<input type="checkbox"/> Legal Guardianship
<input type="checkbox"/> Foster Care	<input type="checkbox"/> Emancipated Minor	

Student's Signature
Date

STOP HERE and submit form.

II. NEW INDEPENDENT STATUS REVIEW

SECTION A: CIRCUMSTANCES (select one)

➤ For your request to be considered, mark the **ONE** status that pertains to you, answer all corresponding supplemental questions, submit all required documentation, and sign and complete Section B.

At any time since you turned 13, BOTH BIOLOGICAL OR ADOPTIVE PARENTS WERE DECEASED

Documentation	<ul style="list-style-type: none"> Attach a copy of your birth certificate; <u>and</u> Attach a copy of the death certificate for each parent; <u>and</u> Attach copy of legal adoption documentation, if applicable.
Supplemental Questions	1. Were you legally adopted? ___ No ___ Yes *If yes, provide age at adoption: _____

You are/were in court-appointed LEGAL GUARDIANSHIP (not custody)

Documentation	<ul style="list-style-type: none"> Attach copy of court papers, signed by a judge, verifying that someone other than your parent was appointed as your legal guardian (<u>not</u> custodian); <u>and</u> Attach documentation showing that you were still with your guardian at the “age of majority” (usually 18). Documentation may include senior year high school records, medical insurance, federal or state benefit statements (Social Security, SNAP, TCA, and/or Medicaid); <u>and</u> Attach copy of legal adoption documentation, if applicable. 	
Supplemental Questions	<p>SECTION 1A: <u>Review your court documentation carefully.</u> Does it specifically award <i>guardianship</i>?</p> <p><input type="checkbox"/> No <i>This is not the correct form for your situation. Please review and consider submitting a Dependency Override Request for review.</i></p> <p><input type="checkbox"/> Yes <i>Please proceed to Section B, and answer questions 1-3.</i></p>	<p>SECTION 1B:</p> <p>1. Date the court appointed your legal guardian to you: _____ / _____ month / year</p> <p>2. Name of person(s) appointed as your legal guardian(s): _____ _____</p> <p>3. Were you legally adopted? ___ No ___ Yes If yes, provide age at adoption: _____</p>



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**Financial Aid Office
GUARDIAN**

Name: _____ CCBC ID: _____

SECTION A: CIRCUMSTANCES (continued)

<input type="checkbox"/> At any time since you turned 13, you were in FOSTER CARE	
Documentation	<p>📎 Attach a copy of legal documentation from the court of your state of legal residence or social service agency indicating when you were placed in foster care; <u>and</u></p> <p>📎 Attach copy of legal adoption documentation, if applicable.</p>
Supplemental Questions	<p>1. Provide age when you were placed in foster care: _____</p> <p>2. Provide dates you were in foster care: From ____/____/____ to ____/____/____ month / year month / year</p> <p>3. Were you legally adopted? ___No ___Yes *If yes, provide age at adoption: _____</p>

<input type="checkbox"/> At any time since you turned 13, you were a DEPENDENT OR WARD OF THE COURT	
Documentation	<p>📎 Attach a copy of court document indicating that you were placed under the care, custody, and control of the court/state. It must include the reason for your placement and name of the facility.</p> <p>📎 Attach copy of legal adoption documentation, if applicable.</p>
Supplemental Questions	Were you legally adopted? ___No ___Yes *If yes, provide age at adoption: _____

<input type="checkbox"/> You are/were an EMANCIPATED MINOR	
➤ I was released from the control of my parent or guardian as determined by a court of law.	
Documentation	📎 Attach a copy of legal documentation from the court of your state of legal residence. The court must be located in your state of legal residence at the time the court's decision was issued.
Supplemental Questions	<p>1. Date the court declared you an emancipated minor: ____/____/____ month / year</p> <p>2. Your age at that time: _____</p>

SECTION B: CERTIFICATION

- I understand all Proof of Independent Forms are reviewed on a case-by-case basis, and this written request does not guarantee approval.
- I have attached all documentation required for the status that I selected above.
- If requested, I agree to provide further documentation to substantiate this request. Failure to submit all requested documentation will result in denial of the independent status for financial aid purposes.

Warning: The student signing this worksheet certifies all the information reported is complete and accurate. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature

Date

Please allow *at least* 2-3 weeks after ALL documents submitted for review. Check your SIMON account for status updates.
All documents must be submitted by the last day of the semester.