

ATTN:	CCBC: Dundalk Campus Financial Aid Office	🗃 Fax		
FTP	7200 Sollers Point Road Baltimore, MD 21222	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)				

- 		<u>USE O</u>	1110	<u> </u>	1
Financial Aid Of		HERE	STAN		
wo		TIAL:	IN	US:	CAMP
1 2 2	ОМ	Е		D	С

## 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 <u>not</u> previously approved your status, proceed to Part II and complete Sections A & B.

I. RENEW	AL REQUEST: CCBC APPROVED STATUS	IN PRIOR YEAR
CCBC approv	ed my status in a <b>prior year</b> and has my documer	ntation on file. My previously approved status was:
<ul><li>Parents</li><li>Foster C</li></ul>	both deceasedImage: Ward of CourtCareImage: Emancipated Min	Legal Guardianship hor
Student'	s Signature STOP HERE and su	Date
	IDEPENDENT STATUS REVIEW JMSTANCES (select one)	
For your	request to be considered, mark the <b>ONE</b> status the ental questions, submit all required documentations	
□ At any time s	since you turned 13, <u>BOTH</u> BIOLOGICAL OR ADO	PTIVE PARENTS WERE DECEASED
Documentation	<ul> <li>Attach a copy of your birth certificate; an</li> <li>Attach a copy of the death certificate for</li> <li>Attach copy of legal adoption documenta</li> </ul>	each parent; and
Supplemental Questions	1. Were you legally adopted?No	Yes *If yes, provide age at adoption:
□ You are/wer	e in court-appointed LEGAL GUARDIANSHIP (not	custody)
Documentation	appointed as your legal guardian ( <u>not</u> custo Attach documentation showing that you we	ere still with your guardian at the "age of majority" (usually ar high school records, medical insurance, federal or state CA, and/or Medicaid); <u>and</u>
Supplemental Questions	SECTION 1A:	SECTION 1B:         1. Date the court appointed your legal guardian to you:        /
		If yes, provide age at adoption:

				FOR
ССВС	ATTN: F T P	CCBC: Dundalk Campus Financial Aid Office 7200 Sollers Point Road Baltimore, MD 21222	a Fax 443-840-2824	
	DO <b>NOT</b> CALL TO CONFIRM RECEIPT!		CAMPUS	
	Allow 24-48	business hours for login, the	en view status of all	CAIVIFUS
	forms online	e via SIMON account (https://s	simon.ccbcmd.edu)	:

		<u>ceuseo</u>		<u>i ok o</u>	-
Fina		MP HERE	STA		
		NITIAL:	Π	MPUS:	CAM
	ОМ	Е	)	D	С

,.....

CCBC ID: \_\_\_\_\_

SECTION A: CIRCUMS	STANCES (continued)			
At any time sin	ce you turned 13, you were in FOSTER CARE			
Documentation	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; and			
	Attach copy of legal adoption documentation, if applicable.			
Supplemental	1. Provide age when you were placed in foster care:			
Questions	1. Flovide age when you were placed in loster care.			
	2. Provide dates you were in foster care: From to to			
	month / year month / year			
	3. Were you legally adopted?No Yes *If yes, provide age at adoption:			
At any time since you turned 13, you were a DEPENDENT OR WARD OF THE COURT				
Documentation	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.			
	$\mathscr{P}$ Attach copy of legal adoption documentation, if applicable.			
Cumulanantal				
Supplemental	Were you legally adopted?No Yes *If yes, provide age at adoption:			
Questions	, , , , , , , , , , , , , , , , ,			
You are/were an EMANCIPATED MINOR				
	sed from the control of my parent or guardian as determined by a court of law.			
Documentation	$\mathscr{P}$ 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	1. Date the court declared you an emancipated minor:/			
2	month / year			

## SECTION B: CERTIFICATION

Name:

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.

2. Your age at that time: \_\_\_\_\_

□ 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.