	SANTA AN	A E
Finar	ncial Aid	
1530	W 17th St	

Santa Ana, CA 92706

Name of Financial Aid Applicant (Please print)				
Last	First	Middle		
Student ID Number	er:			

2024-2025

## **Independent Status Confirmation – Emancipated Minor**

According to information received from the FAFSA, you answered "yes" to being an emancipated minor. Please confirm you meet the definition provided by the Department of Education for financial aid purposes. By signing this document you confirm that you meet the definition provided on this form. Documentation may be requested. If you do not meet the definition provided on this form you must correct and resubmit your FAFSA instead of completing this form.

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1 1	Emananain	ated Minor
1 1	EJHANCID	ared withor

You have a court decision that as of today you are an emancipated minor or if you have a court's decision that you were an emancipated minor 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.

I HEREBY CERTIFY that to the best of my knowledge, all of the information provided is true and complete. I understand that false statements or misrepresentations will be cause for denial or repayment of financial aid.

Student Signature	Date

F1C24EMN

H:Department Directories/Financial Aid/FORMS/2024-2025/Ind Stat—Eman Minor

See back for Alternative Form Policy

