

FINANCIAL AID OFFICE

2500 North State Street, Jackson, MS 39216
Phone: 601 984-1117 Fax: 601 984-6984

ORP19

ORPHAN/WARD OF THE COURT/FOSTER CARE VERIFICATION FORM 2018/2019

Student's First Name:	UMMC ID (i.e. 300123456)
Student's Last Name:	UMMC Email:

On your 2018-2019 Free Application for Federal Student Aid (FAFSA), you reported that **you** were a dependent or ward of the court since turning age 13, you were in foster care since turning age 13, or Since age 13 both of your parents were deceased. Before the Financial Aid Office can determine your eligibility for financial aid, you must document your status.

Instructions: Please check the box (es) below which apply to your situation and attach the requested documentation. Mail this form and the documentation to the Student Financial Aid Office. **Faxed/emailed forms and documents will not be accepted.**

	Check Below	Required Documents
<input type="checkbox"/>	I am an orphan. Check this box only if you had no living parent (biological or adoptive) at any time since you turned age 13, even if you are now adopted.	Attach a copy of the death certificate for each of your parents.
<input type="checkbox"/>	I was in foster care. Check this box if you were in foster care at any time since you turned age 13, even if you are no longer in foster care as of today.	Attach a copy of the state Department of Human Services Verification of Court/State Ward Status Form from your caseworker.
<input type="checkbox"/>	I am a state ward of the court, or was a state ward of the court. Check this box if you were a dependent or ward of the court at any time since you turned age 13, even if you are no longer a dependent or ward of the court as of today.	Attach a copy of the court decree from the FIA.
<input type="checkbox"/>	I am a county ward of the court, or was a county ward of the court. Check this box if you were a dependent or ward of the court at any time since you turned age 13, even if you are no longer a dependent or ward of the court as of today.	Attach a copy of the Letters of Guardianship or Order of Discharge from Guardianship.
<input type="checkbox"/>	I made an error on my FAFSA. I am/was neither an orphan nor ward of the court, and neither was I in foster care.	You MUST correct this information of your FAFSA and provide your parental data.

Required Signature

I certify that all information reported on this form is true, complete and accurate. **I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.**

Student's Signature _____

Date _____

OFFICE USE ONLY

Acceptable Documentation Submitted Unacceptable Documentation Submitted(notify student)

Student made necessary FAFSA corrections (ensure corrections received prior to processing)

Return this form to:
University of Mississippi Medical Center
Office of Student Financial Aid
2500 North State Street
Jackson, MS 39216
financialaid@umc.edu
Print your Name and Student ID Number on All Documents. See <http://myu.umc.edu> for your Financial Aid Status