



ST. FRANCIS COLLEGE

BROOKLYN HEIGHTS, NEW YORK

The Office of Financial Aid
Phone: 718-489-5255

180 Remsen Street Room 1404, Brooklyn NY 11201
fax 718-489-2062 Email: FinancialAid@sfc.edu

2019-2020 Proof of an Emancipated Minor or Legal Guardianship Status

Student's Last Name First Name M.I. Student's Identification (ID) Number

Student's Street Address (include apt. no.) Student's Date of Birth

City State Zip Code Student's Email Address

Student's Home Phone Number (include area code) Student's Alternate or Cell Phone Number

If you reported on your FAFSA that you are an emancipated minor or had a legal guardian, you must complete this form and turn in any required documentation before we can process your financial aid application.

Circumstance	Documents Needed
<input type="checkbox"/> I am or was an emancipated minor <ul style="list-style-type: none"> Check this box only if you can provide a copy of the court's decision that, as of today you are an emancipated minor ; or You can provide a copy pf the court's decision that you ere emancipated minor immediately before you reached the age of being an adult in your state. <p>**The court must be located in your state of legal residence at the time the court's decision was issued. **</p>	<input type="checkbox"/> Copies of court decision of your emancipated minor status
<input type="checkbox"/> I am or was in legal guardianship <ul style="list-style-type: none"> Check this box only if you can provide a copy of the court's decision that, as of today you are in legal guardianship; or You can provide a copy pf the court's decision that you were in legal guardianship before you reached the age of being an adult in your state. <p>**The court must be located in your state of legal residence at the time the court's decision was issued. **</p>	<input type="checkbox"/> Copy pf the Letters of Guardianship or a copy of the court's Order of Discharge from Guardianship
<input type="checkbox"/> I made an error in legal guardianship	<input type="checkbox"/> Correct your response to questions 54 or 55 <input type="checkbox"/> Enter required parent information on FAFSA

Certification Statement:

By signing this form, I certify that all of the information reported is complete and accurate.

Signature of Student (required)

Date