



**Financial Aid**  
 May Hall, Room 111  
 Dickinson State University  
 291 Campus Drive  
 Dickinson, ND 58601-4896

**Office Hours: 7:45 a.m. - 4:30 p.m. Monday - Friday**  
**Phone: 1-800-279-4295 ext. 2 or 701-502-4407**  
**Fax: 701-483-2409**  
**Web: www.dickinsonstate.edu**  
**Email: dsu.financialaid@dickinsonstate.edu**

## Orphan, Foster Care or Ward of the Court Form

**Student's Name** \_\_\_\_\_ **Student's ID#** \_\_\_\_\_

On your FAFSA you indicated that at any time since you turned age 13, both of your parents were deceased, you were in foster care, or you were a dependent or ward of the court. Please answer the questions on this form to assist us in verifying your status. If you have any questions on how to complete this form or what you need to submit, contact the Financial Aid Office.

**1. Are both of your parents deceased?**       Yes       No

If YES, please complete the information below and provide a copy of the death certificate for both of your parents.

Name of Father \_\_\_\_\_ Date of Death (month/year) \_\_\_\_\_

Name of Mother \_\_\_\_\_ Date of Death (month/year) \_\_\_\_\_

**2. At any time since you turned 13, were you in foster care?**       Yes       No

*Foster care is defined as a child without parental support and protection that has been placed with a person or family to be cared for, usually by local welfare services or by court order.*

If YES, please complete the information below and provide document from court or social service agency indicating you were placed in foster care.

How old were you when you were placed into foster care? \_\_\_\_\_

Please list the dates you were in foster care (month/year) From \_\_\_\_\_ To \_\_\_\_\_

**3. At any time since you turned 13, were you a dependent or ward of the court/state?**       Yes       No

*Dependent or ward of the court/state is defined as the status of a child who is removed from the care, custody and control of parents and placed under care, custody and control of Juvenile Services.*

If yes, complete the information below and provide a copy of the court document that indicates you were placed under the care, custody and control of the court/state. It must include the reason for your placement, and the name of the facility.

How old were you when you were placed into foster care? \_\_\_\_\_

Please list the dates you were in foster care (month/year) From \_\_\_\_\_ To \_\_\_\_\_

**4. Have you been legally adopted?**       Yes       No

If YES, please complete the information below and provide a copy of the court documentation of the adoption.

How old were you when you were adopted? \_\_\_\_\_ Date of Adoption (month/year). \_\_\_\_\_

**5. None of the questions above pertain to me.**       Yes       No

You must log in at www.FAFSA.gov and change question #5 Student Personal Circumstance to "None of these apply". You will be required to provide parental information and both you and your parent must sign the FAFSA.

I have updated question #5 Student Personal Circumstance to "None of these apply". and have provided parental information on the FAFSA on \_\_\_\_\_

(Date & Initial)

To ensure timely processing of your aid, we ask that you submit this completed form to the address below **within 2 weeks.**

I certify the information on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid. I understand that the information provided on this form may affect my financial aid eligibility/award.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Note: Unsigned documents will be returned. This form must be signed with a physical signature. Typed names or electronic signatures are not**