

Office of Financial Aid

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2023-2024 Homeless Affirmation Form

Student Name:	WSCC ID:	DOB:	/	
On your 2023-2024 Free Application for Federal self-supporting youth who is homeless or at for financial aid purposes.				
Please read the following and check mark an	y of the statements in th	ne box that apply to y	ou:	
Homeless, for financial aid purposes, mean shelters, motels, a car, or temporarily living		,		_
Unaccompanied means that you are not live	ving in the physical custod	y of your parent(s) or	guardian.	
Youth means that you are 21 years of age a sign this application.	or younger or you are still	enrolled in high schoo	ol as of the	e day you
At any time on or after July 1, 20212 you were an unaccompanied youth who was	_	strict homeless liaison	determine	ed that you
At any time on or after July 1, 2022, the Department of Housing and Urban Deve homeless.			•	
At any time on or after July 1, 2022, the living program determined that you wer and at risk of being homeless.	-			
If none of the listed situations describe your c must submit your parents' information on you	· •	•		In this case, you
If any of the above situations describe your educational homeless liaison, a director of ar Act, a director of a program funded under Ru verification must be submitted to our office or	n emergency shelter gran naway and Homeless You	t program under McK uth Act, or by a financi	inney-Vet ial aid adn	o Homelessness
Certification: By signing below, you certify that a to qualify for federal student aid is complete, true of		WARNING: If you purpos information, you may be		
Student Signature (required)		Date		
RETURN THIS FORM: Completed forms and Or, fax 740.376.0257, scan & email				
Office Use Only □ Complete	□ Incomplete			
FAO Signature		Date		