

Office of Financial Aid 710 Colegate Drive, Marietta, OH 45750

Phone: 740.568.1908 • Fax: 740.376.0257

E-mail: finaid@wscc.edu

2024-2025 Homeless Affirmation Form

Student Name:	WSCC ID:	DOB: _	/	
On your 2024-2025 Free Application for Feder self-supporting youth who is homeless or at riffor financial aid purposes.				
Please read the following and check mark any	of the statements in th	ne box that apply to yo	ou:	
Homeless, for financial aid purposes, means shelters, motels, a car, or temporarily living		,		•
Unaccompanied means that you are not living	ng in the physical custod	ly of your parent(s) or g	guardian.	
Youth means that you are 21 years of age of sign this application.	r younger or you are stili	enrolled in high school	l as of the	day you
At any time on or after July 1, 2023 your were an unaccompanied youth who was	-	strict homeless liaison	determine	ed that you
At any time on or after July 1, 2023, the of Department of Housing and Urban Devel was homeless.			-	
At any time on or after July 1, 2023, the oliving program determined that you were supporting and at risk of being homeless	e an unaccompanied yo	· ·		
If none of the listed situations describe your cir must submit your parents' information on you		•		In this case, you
If any of the above situations describe your ci educational homeless liaison, a director of an e Act, a director of a program funded under Run verification must be submitted to our office on	emergency shelter gran away and Homeless Yo	t program under McKi uth Act, or by a financia	nney-Veto al aid adm	o Homelessness
Certification: By signing below, you certify that all to qualify for federal student aid is complete, true an	•	WARNING: If you purposinformation, you may be		-
Student Signature (required)		Date		
RETURN THIS FORM: Completed forms and do Or, fax 740.376.0257, scan & email f				
Office Use Only □ Complete □	Incomplete			
FAO Signature		Date		