

Office of Financial Aid University Park, IL 60484 708.534.4480 Fax: 708.534.1172 www.govst.edu/finaid

2017-2018 ORPHAN/WARD OF THE COURT FORM

Student Name		C	CILID #	Last 4 digits of SS#:		
(Please Print) Last		First	30 ID #	Last 4 tigits of 35#	Last 4 digits 01 35#	
Permanent Home A	ddress:					
	City		5	State Zip Code		
Student's Date of Birth:		Home Phone #	# :	Cell #:		
Email Address:		@student.govst.edu				
	d of the court (or ha			t you are considered independent because ning age 18). Please further explain your st		
•		y of the death certificate	e of each of you	ur parent(s).		
		as a ward of the court u y of the court decree fro				
		y of the state Departme	nt of Human Se	ervices Verification of Court/State Ward S	tatus	
Requirem	error on my FAFSA ent: Correct the inf ent Aid Report (SAR	formation on your FAFS	A by providing	g your parent(s) information and signature	e on	
	rmation reported o			d accurate. I understand that any false state repayment of financial aid.	ements	
Student's Signature		Date	mislead	NG: If you purposely givefalse or ding information on this worksheet, you affined, be sentenced to jail, or both.		

CRI CODE: FAC170WC