

Office of Financial Aid & Scholarships 1 University Parkway University Park, IL 60484 708.534.4480 govst.edu/financialaid

2025-2026 EMANCIPATED MINOR FORM

STUDENT INFORMATION

Student's Signature

-				ork to Governors State Universit of your financial aid award.	y.
Student Name:		GSU	ID#	Last 4 digits of SS#:	
(Please Print)	Last	First			
Permanent Home Ad	ldress:				
	City		State	Zip Code	
Student's Date of Bir	th:	Home Phone #:		Cell #:	
Email Address:					
determined by a coudocument your emandate. 1.) Provid 2.) Provid	rt in your state of l ncipated minor sta e a copy of a cour	legal residence. Before we detus. You must provide one of the other trees are the other trees decision that as of tode of the other trees decision that you were	can determine yo of the following o ay you are an ei	are or were an emancipated minour eligibility for financial aid, yo documents to substantiate your mancipated minor. ed minor before you reached to the substantiate to substantiate to substantiate your	ou must claim:
CERTIFICATION S	TATEMENT				
•	-	on this document is true, condenial, reduction, withdraw	-	rate. I understand that any false ment of financial aid.	statements
			misleading int	ou purposely givefalse or formation on this worksheet, you be sentenced to jail, or both.	

Date

CRI CODE: FAC25EMD