



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. 2371 or 701-483-2371
 Fax: 701-483-2409
 Web: www.dickinsonstate.edu
 Email: dsu.financialaid@dickinsonstate.edu

2018-19 Orphan, Foster Care or Ward of the Court Form

Student's Name _____ Student's ID# _____

On your 2018-19 financial aid application you indicated that at some point, 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 at 701-483-2371.

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	
Name of Mother		Date of Death	

2. 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.

Date of Adoption	
------------------	--

3. 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.

List the dates you were in foster care (MM/YY)			
Beginning		Ending	

4. 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.

List the dates you were a ward of the court/state (MM/YY)			
Beginning		Ending	

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

You must log in at www.FAFSA.gov and change question #53 from Yes to No. You will be required to provide parental information and both you and your parent must sign the FAFSA with your individual FSA IDs and passwords. Submit this form to our office adding a note that you updated your FAFSA so we can watch for the correction and update your financial aid award if necessary.

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