



# BEAUFORT

COUNTY COMMUNITY COLLEGE  
Office of Financial Aid

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2024-2025

## Proof of Orphan/Ward of the Court/Foster Care Status

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Your status as an independent student for federal financial aid purposes is based upon your answer to questions regarding your dependency on the 2024-25 Free Application for Federal Student Aid (FAFSA). To complete the financial aid process, please select the status that represents your situation and submit the required documentation. **Your financial aid cannot be processed until all required documentation has been received and evaluated.**

Select a status and submit the required documents related to that status:

Status	Required Documentation
<input type="checkbox"/> I am an orphan.  Select this status only if you had no living parent (biological or adoptive) at any time since you turned age 13, even if you are now adopted.	Attach a copy of your birth certificate and the death certificate for each of your parents.
<input type="checkbox"/> I was in foster care.  Select this status if you were in foster care at any time since you turned age 13, even if you are no longer in foster care as of today.	Attach a copy of the state Department of Human Services Verification of Court/State Ward Status from your caseworker.
<input type="checkbox"/> I am (or was) a state ward of the court  Select this status if you were a dependent or ward of the court at any time since you turned age 13, even if you are no longer a dependent or ward of the court as of today.	Attach a copy of the court decree from the DSS Case Worker.
<input type="checkbox"/> I am (or was) a county ward of the court  Select this status if you were a dependent or ward of the court at any time since you turned age 13, even if you are no longer a dependent or ward of the court as of today.	Attach a copy of the Letters of Guardianship or Order of Discharge from guardianship.
<input type="checkbox"/> I made an error on the FAFSA. I am/was neither an orphan nor a ward of the court, and neither am/was in foster care.	You and one parent must correct the information on your FAFSA.

### CERTIFICATION AND SIGNATURE

Each person signing below certifies that all of the information reported is complete and correct.

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
Student Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number