

Hinds Community College Office of Financial Aid 2022-2023 Dependency Status Determination

| Office Use Only: | | | | |
|------------------|--|--|--|--|
| Name: | | | | |
| ID: | | | | |
| Received by: | | | | |
| | | | | |

| A. STUDEN | IT INFORMATION | | | |
|--|---|--|--|---|
| Last Name | First Name | M.I. | ID Number (REQUIRED) | Phone number |
| B. DEPENI | DENCY STATUS VER | IFICATION | | |
| | | | stions below, you MUST out documentation. *** | attach documentation of your status. |
| 1. Sinc | e age 13 or older, were bot | h your parents' dec | ceased? | |
| ☐ If y | | parents' death o | certificates and a copy of stud | ent's long form birth certificate. |
| 2. Sinc | e age 13 or older, were you | in foster care? | | |
| ☐ If y | No Yes es, attach a copy of the I | egal court order | of foster care. | |
| 3. Sinc | e age 13 or older, were you | a ward of the cou | rt? | |
| ☐ If y | | court order depe | ndent/ward of the court. | |
| | - | | questions, pleas rents' informatio | e return to your FAFSA and n. |
| C. CERTIF | ICATION | | | |
| By signing this worksheet, I certify that all the information re | | | eported is complete and correct. | Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both. |
| Student Si | gnature: | | | Date: |
| Disabilities Act of 1 national origin, relige EEOC Compliance | 990 and other applicable Federal and gion, sex, age, disability or veteran sl e: Sherry Franklin, Vice President of I | l State Acts, Hinds Comm tatus in its educational pr Instruction – Career Tech | nunity College offers equal education and em ograms and activities. The following have be inical Education, Box 1003, Utica, MS 39175; | ct, Section 504 of the Rehabilitation Act of 1973, the Americans with oloyment opportunities and does not discriminate on the basis of race, color en designated to handle inquiries regarding these policies: Phone: 601.885.7001 or Email: <u>EEOC@hindscc.edu</u> . Raymond MS 39154; Phone: 601.857.3353 or Email: <u>Titleix@hindscc.edu</u> . |

Mail to: Office of Financial Aid – P.O. Box 1100 – Raymond, MS 39154-1100