



Hinds Community College
Office of Financial Aid
2024-2025
Dependency Status Determination

Office Use Only: FA24CDSD

A. STUDENT INFORMATION

Last Name First Name M.I. Phone number ID Number **(REQUIRED)**

B. DEPENDENCY STATUS VERIFICATION

1. Since age 13 or older, were both your parents' deceased?
 - No, I understand **I must make a change to my FAFSA to include my parents information** if I do not have copies of the death certificates for each parent listed on my Birth Certificate.
 - Yes, I understand that **I must submit a copy of my parents' death certificates and a copy of my long form birth certificate.**

2. Since age 13 or older, were you in foster care?
 - No, I understand **I must make a change to my FAFSA to include my parents information** if I do not have a legal court order detailing my foster care before i turned the age of 13.
 - Yes, I understand that **I must submit a copy of the legal court order of my foster care.**

3. Since age 13 or older, were you a ward of the court?
 - No, I understand that **I must make a change to my FAFSA to include my parents information** if I do not have a court order detailing the terms of my Dependent/Ward of the Court status before I turned the age of 13.
 - Yes, I understand that **I must submit a copy of the court order detailing my dependent/ward of the court.**

IMPORTANT: All required documents and copies must be received and reviewed before your financial aid offer can be confirmed.

C. CERTIFICATION

By signing this worksheet, I certify that all the information reported is complete and correct.

Student Signature: _____ Date: _____

Email: finaid@hindsc.edu - Contact us: 601-857-3223

WARNING: Purposely giving false or misleading information may lead to a fine, imprisonment or