



## Orphan or Ward of the Court Form 2024-2025

\_\_\_\_\_  
Student Last Name    Student First Name    MI    ID #

\_\_\_\_\_  
Permanent Address (include apt #)    City    State    Zip Code

\_\_\_\_\_  
Cell/Home Telephone Number (include area code)    Email Address

According to our records, you indicated on the 2024-2025 Free Application for Federal Student Aid (FAFSA) either both of your parents are deceased, or you are or were (until age 18) a ward/dependent of the court. **Please complete and submit this form and the supporting documentation to our office. Your request will not be processed until all requested documents have been received and reviewed. If you answer "No" to all the questions on this form, you are not considered an orphan or ward of the court and must provide your natural parent(s) income information.**

**1. Are both of your parent's deceased?**     Yes     No  
*(If one of your biological parents is still living, you must answer no.)*

If you answered "Yes", please explain your circumstances (who do you reside with and how do you support yourself). **Submit supporting documentation:** Copies of your parent's death certificates or letters from family members and clergy or other professionals verifying your circumstances.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Are you or were you (until age 18) a ward/dependent of the court?**     Yes     No

If you were emancipated, incarcerated, have a guardian not appointed by the court, or parents are divorced, you must answer "No". If you answered "Yes", please explain your circumstances. **Submit supporting documentation:** Court or legal documents verifying you are or were a ward of the court until age 18.

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\_\_\_\_\_  
\_\_\_\_\_

**3. Were you legally adopted?**     Yes     No    **If yes, please provide documentation.**

**4. Please explain how you supported yourself and provide an estimated amount.**

\_\_\_\_\_  
\_\_\_\_\_

### Student Certification – Read carefully before you sign.

I hereby certify that all information contain in this document, including the documentation is true and complete. I affirm tthat I have not knowingly provided any false statements or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my eligibility for Federal and State student aid may be canceled. **Note:** Federal regulations stipulate that evidence of fraud must be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General and possible prosecution by the United States Attorney General's Office.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

Mail form to:  
Saint Augustine's University  
Office of Student Financial Aid & Scholarships  
1315 Oakwood Ave  
Raleigh, NC 27610