

Office of Financial Aid & Scholarships 1 University Parkway University Park, IL 60484 708.534.4480 govst.edu/financialaid

## 2023-2024 ORPHAN/WARD OF THE COURT FORM

Student Name:		GSU ID #	Last 4 digits of SS#:			
(Please Print) Last		First				
Permanent Home A	ddress:					
Cir		State		tate Zip Code	Zip Code	
Student's Date of Birth:		Home Phone #:		Cell #:		
Email Address:		@student.govst.edu				
an orphan or a ward	l of the court (or ha		e court until reachi	you are considered independent be ng age 18). Please further explain yo		
	·		•	r parent(s).		
		as a ward of the coup y of the court decree				
		y of the state Depart	ment of Human Se	rvices Verification of Court/State W	ard Status	
Requirem	error on my FAFSA <b>ent:</b> Correct the in ent Aid Report (SAF	formation on your F	AFSA by providing	your parent(s) information and sign	nature on	
	rmation reported o			accurate. I understand that any falso epayment of financial aid.	e statements	
Student's Signature		 Date	misleadi	G: If you purposely give false or ing information on this worksheet, you ined, be sentenced to jail, or both.		

CRI CODE: FAC230WC