

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

## 2025-2026 EMANCIPATED MINOR FORM

## **STUDENT INFORMATION**

-		nd provide copies of all req		to Governors State University. your financial aid award.	
Student Name:		GSU I	D #	Last 4 digits of SS#:	
	Last	First			
Permanent Home Add					
	City		State	Zip Code	
Student's Date of Birth	n:	Home Phone #:		Cell #:	
Email Address:		estudent.govst.edu			
determined by a cour document your emandation.  1.) Provide  2.) Provide	t in your state of lection in your state of lection in or state of a court	egal residence. Before we caus. You must provide one of the case of todates decision that as of todates decision that you were	an determine your f the following docu	or were an emancipated mino eligibility for financial aid, you uments to substantiate your clucipated minor.  ncipated minor.  ninor before you reached th	ı must laim:
	nation reported or	n this document is true, con lenial, reduction, withdraw	WARNING: If you	e. I understand that any false sont of financial aid.  purposely give false or mation on this worksheet, you sentenced to jail, or both.	tatements
Student's Signature		 Date			

CRI CODE: FAC25EMD