



**Office of Student Financial Aid**

You indicated on your Free Application for Federal Student Aid (FAFSA) that you are an INDEPENDENT student, based on being an orphan, ward of the court, or in foster care since the age of 13. Please complete this form and submit with the requested documentation.

**If you answered those questions incorrectly, you must make a correction to your FAFSA online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) and submit parent data.**

|           |            |          |                                  |
|-----------|------------|----------|----------------------------------|
| Last Name | First Name | M.I.     | <b>C O O</b>                     |
|           |            |          | BRCTC ID number                  |
| Address   |            |          | Phone Number (include area code) |
| City      |            |          | Email Address                    |
|           | State      | Zip Code |                                  |

| Status (Please check only box)   | Required Documentation   |
|--|--|
| <input type="checkbox"/> <b>Orphan</b><br>Both parents (biological or adoptive) are deceased, even if you are not adopted.   | Both parent’s death certificates<br>Student’s Birth Certificate  |
| <input type="checkbox"/> <b>Foster Care</b><br>You were in foster care since the age of 13   | Provide court documents or a letter from the Department of Human Services in your state of legal residence. Documentation must confirm that you were in foster care at age 13 or older                   |
| <input type="checkbox"/> <b>Ward of the Court</b><br>You were a dependent or ward of the court from age 13 or older, even if you are no longer a dependent or ward of the court today. | Provide court documents or a letter from the Department of Human Services in your state of legal residence. Documentation must confirm that you were a dependent or ward of the court at age 13 or older |

**CERTIFICATION:**

My signature below certifies that the information provided above is true and correct to the best of my knowledge. I understand that the penalty for providing false or misleading information is a fine, prison sentence, or both.

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

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

**To return this form:**

Mail: Office of Student Financial Aid, 13650 Apple Harvest Drive, Martinsburg WV 25403  
 Fax: 304-260-4376  
 Email: [finaid@blueridgectc.edu](mailto:finaid@blueridgectc.edu)