

Emancipated Minor & Legal Guardianship Confirmation

Office of Student Financial Aid

Last Name	First Name	M.I.	C O O
			BRCTC ID number
Address			
Address			Phone Number (include area code)
City	State Z	ip Code	
			Email Address
		-	FAFSA) that you were or are an Emancipated Minor as determined
=	_		egal guardianship as determined by a court in your state of legal
	Our office must confirm and document y r Federal financial aid funds.	our emancip	ation or guardianship status before we can determine your
Please chec	k the appropriate box that applies to yo	ur situation a	nd attach the requested documentation.
□ I am or	· I was an emancipated minor Check on	ly if:	
•	You are attaching a copy of a court's d	ecision that, a	as of today, you are an emancipated minor, OR
•	You are attaching a copy of a court's d	ecision that y	ou were an emancipated minor immediately before you reached
	the age of being an adult in your state.		
	Please note: the court must be located	d in your state	e of legal residence at the time the court's decision was issued.
□ I am or	was in legal guardianship Check only if	:	
•	You are attaching a copy of a court's d	ecision that, a	as of today, you are currently in legal guardianship, OR
•	You are attaching a copy of a court's "guardianship immediately before reac		harge from Guardianship" which documents that you were in legal of being an adult in your state.
	Please note: the court must be located	d in your state	e of legal residence at the time the court's decision was issued.
□ I made	an error on the FAFSA I am not in lega	p or I have not been granted emancipated minor status.	
•	You must correct question 53 or 54 on	your FAFSA a	and provide parental data.
CERTIFICAT	ION:		
My signatui	re below certifies that the information p	rovided above	e is true and correct to the best of my knowledge. I understand that
the penalty	for providing false or misleading inform	ation is a fine	e, 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 - DO NOT EMAIL TAX DOCUMENTS OR ANYTHING WITH SOCIAL SECURITY NUMBERS