

Financial Aid Office

6420 SE 15th St • Midwest City, OK 73110 • Student Services Building, Room 200 Phone: (405) 733-7424 • Fax: (405) 736-0359 • Email: finaid@rose.edu

2025-2026 Documentation of Independent Status		
Student Name:	RSC Student ID #:	
Please fill out in E	Blue or Black Ink only	
Scanned or printed copies only, photo	s of completed forms will not be accepted	
When you completed the FAFSA, you answered yes to o to provide parental information on your FAFSA. You answers in order to qualify for federal financial aid wit form as indicated, attach the documentation as instocumentation to this office.	are required to provide supporting documentating the control of th	ion of your mplete the
Section One – Please answer each question.		
1. Are both your parents deceased?	□Yes	□No
 If you answered "yes" attach documentation. Do notices or a signed statement from a person such or a medical or mental health professional. The the person and contact information. 	n as a pastor, teacher, counselor, principal, social	l worker,
2. Since age 13 have you been in foster care?	□Yes	□No
 If you answered "yes" attach documentation from Human Services, e.g.) or court. 	m a social service agency (Department of	
3. Since age 13 have you been a dependent or ward	of the court? □Yes	□No
 If you answered "yes" attach documentation from Human Services, e.g.) attorney or court. 	n a social service agency (Department of	
 Are you or were you an emancipated minor as or residence? 	determined by a court in your state of legal ☐Yes	□No
If you answered "yes" attach documentation from	n a court in the state of your legal residence.	
5. Does someone other than your parent or steppare	ent have legal guardianship of you, as determin	ed by a

GO TO NEXT PAGE

□Yes

□No

• If you answered "yes" attach documentation from a court in the state of your legal residence.

court in your state of legal residence?

	be considered an unaccompanied homeless youth on the FAFSA form, an individual must be a youth who unaccompanied AND homeless or (2) unaccompanied, self-supporting, AND at risk of being homeless.
Un At ev	meless: lacking fixed, regular and adequate housing accompanied: when student is not living in the physical custody of a parent or guardian risk of being homeless: when a student's housing may cease to be fixed, regular and adequate (ex: being icted or asked to leave current residence and unable to find fixed, regular and adequate housing) of the supporting: when a student pays for his or her own living expenses, which include paying for fixed, gular and adequate housing.
1.	At any time, on or after July 1, 2024, did your high school or school district homeless liaison determine
	that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? $\Box Yes \Box No$
	• If you answered "yes" attach documentation from the homeless liaison.
2.	At any time, on or after July 1, 2024, did the director of an emergency or transitional shelter, street outreach program, homeless drop-in center, or other program serving those experiencing homelessness determine that you were a youth who was homeless or were self-supporting and a risk of being homeless?
	• If you answered "yes" attach documentation from the shelter or housing program.
3.	At any time, on or after July 1, 2024, did the director of a project supported by a federal TRIO or GEAR UP program grant determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?
	 If you answered "yes" attach documentation from the director of the program that determined your status.
4.	Please describe in your own words where you have lived over the past 12 months.
	(Use an additional sheet of paper if necessary.)
requ	tify that all information is true and accurate to the best of my knowledge and that I have provided the documentation lested to verify the information provided on this form. I understand I may be required to provide additional umentation to support this request.
Stu	dent Signature Date
	RSC Financial Aid Office Use Only
	Attached Documentation Acceptable:
Rev	riewed By: Date:
If d	ocumentation is not acceptable, please provide reason:

Section Two – Please answer each question.