

2025-26 Unaccompanied/ Self-Supporting Youth Homeless Form

Student ID #	
Last Name	
First Name	
Date of Birth (mm/dd/yyyy)	
Telephone #	

Note: Use student's legal name, not nicknames (i.e. Robert- not Bobby, Bob, Robby, or Rob)

On your 2025-2026 FAFSA, you indicated that at any time on or after July 1, 2024, you were an unaccompanied youth and either (1) homeless or (2) self-supporting and at risk of being homeless. Please mark the category below that pertains to your specific situation. If you have any questions, on how to complete this form or what you need to submit, contact WSC's Financial Aid office at 701-774-4248.

Unaccompanied youth- means you are not living in the physical custody of your parent/guardian.

Homeless- means lacking fixed, regular, and adequate housing. You may be homeless if you are living in shelters, parks, motels, public spaces, campgrounds, cars, or temporarily living with other people because you have nowhere else to go. Also, if you are living in any of these situations and fleeing an abusive parent, you may be considered homeless even if your parent would otherwise provide a place to live.

Did the following determine the student was homeless or at risk of homelessness? Select all that apply.

- ☐ Director or designee of an emergency shelter, street outreach program, homeless youth drop-in center, or other program serving those experiencing homelessness.

 - **Acceptable documentation:**
 - ☐ Signed form or letter from the director or designee of an emergency shelter street outreach program, homeless youth drop-in center, or other program serving those experiencing homelessness.
- ☐ The student's high school or school district homeless liaison or designee?

 - **Acceptable documentation:**
 - ☐ Signed form or letter from your high school counselor who is familiar with your situation.
 - ☐ Signed form or letter from any recognized McKinney-Vento practitioner.
- ☐ **Director** or designee of a project supported by a federal TRIO or GEAR UP program grant.

 - **Acceptable documentation:**
 - ☐ Signed form or letter from the director or designee of federal TRIO or GEAR UP program
- ☐ Financial Aid Administrator
- ☐ **None of these apply.** If you check this box, you will need to schedule an appointment/interview at 701-774-4242 to determine whether you meet the guidelines to be considered homeless or an independent for financial aid purposes.

To ensure timely processing of your aid, we ask that you submit this completed form to the address below **within 2 weeks**. Your financial aid will not be processed until the Verification process has been completed. Be sure to check your To Do List on Campus Connection for any other documents that are needed to complete Verification.

I certify the information on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid. I understand that the information provided on this form may affect my financial aid eligibility/award.

Student Signature _____ **Date** _____

Note: Unsigned documents will be returned. This form must be signed with a physical signature. Typed names or electronic signatures are not acceptable.

In an effort to protect your sensitive data, please DO NOT submit W-2s or tax forms by fax or general email.

Forms can be mailed to or dropped off at the following address:

Mailing address: Williston State College ▪ Financial Aid Office ▪ 1410 University Ave. ▪ Williston, ND 58801

For questions: Email: wsc.financialaid@willistonstate.edu or Phone: (701) 774-4248