



Office of Financial Aid
 5717 White Bluff Road
 Savannah, GA 31405-5521
 Fax 912-443-4164

**Unaccompanied
 Youth/Homeless Youth
 2018-2019**

The information on this form will be collected and used to determine if you meet federal financial aid guidelines as an independent student. You must submit supporting documentation, as noted below, with this form. If approved, the independent status is only valid for the Fall 2018, Spring 2019 and Summer 2019 semesters. The Unaccompanied Youth/Homeless Youth form and supporting documents must be submitted to the Financial Aid Office at least three (3) weeks prior to the start of the term. Please allow up to two (2) weeks for review and consideration of documentation. Decision notifications will be sent to your Savannah Technical College student email address. The decision of the financial aid administrator is final and may not be appealed to the U.S. Department of Education.

Student Demographic Information (Please print clearly):

Student ID: _____ Date of Birth: ____/____/____

Student Name: _____

Permanent Mailing Address: _____
Last First MI
Street, Apt #, PO Box City State Zip

Phone: _____ Alternate Phone: _____

You must answer the following questions: (circle the correct answer)

Are you between the age of 18-21? <i>If you are over the age of 22, complete the Request for Dependency Override form.</i>	Yes	No
Have you been declared an Unaccompanied youth by your high school or another government agency?	Yes	No
Are you currently Homeless?	Yes	No

Required Documentation:

1. On a separate sheet you must provide a written description of your living circumstance.
2. Documentation from a school district homeless liaison or the director or designee of an emergency shelter or transitional living program confirming your circumstances.
3. If you are not able to provide documentation from a third-party, you must schedule an interview with a Financial Aid Officer in order to give a verbal account or explanation of your situation.

Acknowledgement:

By signing this form I acknowledge that this information is true and accurate to the best of my knowledge. I also understand that if I give false or misleading information I will lose financial aid eligibility and may be fined, jailed or both. I understand that the decision by the Financial Aid Department is final and there are no appeals.

Student Signature: _____ Date: _____

Financial Aid Personnel: _____ Decision: Approved / Denied