Please fill in blanks, print, sign, attach docs & return

Press tab or shift-tab to move between fields

FORM EMANC - IDAHO STATE UNIVERSITY EMANCIPATED MINOR

21-22

EMANC-22

The federal government requires colleges to check the accuracy of the information you provided on your Free Application for Federal Student Aid (FAFSA). This process is called verification. You must complete the verification process before the Office of Financial Aid can establish your eligibility for assistance. You must return the information requested on this form or you will not be considered for federal financial aid. Please return this completed form with applicable attachment(s) to:

Office of Financial Aid, Idaho State University
921 S 8th Ave, Stop 8077, Pocatello, ID 83209-8077
Phone: (208)282-2756 Fax: (208)282-4755
Email: financialaid@isu.edu Scan and Upload: isu.edu/financialaid/upload

University Place, Bennion Student Union
1784 Science Center, Idaho Falls, ID 83402
Phone: (208)282-7704

*Student Name:_____
(Use blue or black ink) Last First M.I.

*ISU ID:_____ *Last 4 Digits of Social Security #:_____
(Find under Academic Tools tab on BengalWeb) **Required*

You have applied for federal financial aid as an independent student indicating that you are an emancipated minor as determined by a court in your state of legal residence. **Please attach a copy of a court's decision that as of the date you completed the FAFSA you were an emancipated minor or were an emancipated minor immediately before you reached the age of being an adult in your state. The court must be located in your state of legal residence at the time the court's decision was issued.**

If you cannot provide the required documentation listed above, please explain why not. Then write a statement outlining why you are to be considered an emancipated minor.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

CERTIFICATION: The person signing below certifies that all of the information reported is complete and correct.

Student Signature:_____ Date:_____

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Print & Reset Document

Reset