



PHONE: 410-704-4236 • LIVE CHAT: towson.edu/aidcontacts • EMAIL: finaid@towson.edu • FAX: 410.704.2584

Churchent Names (Look Firet)	TUD #		
Student Name (Last, First): TU ID #:			
Phone Number:	E-mail Address:		
For every question on this form, the termstl-19h mi 16 >>BDC	mrh7 (Ñ1 i Àã6 @RçS20 €3Ñ—F^å0 224 fn fs r hr8E 10.058 ⊽T V60((1 ae (∜)2)4cible/4be/19s≽⊲/4b0.9becd uyd		
		☐ Yes ☐ No	
3. Are you a veteran or current active uty member of the U.S. Armed Forces See Note 1.)			
4. Do you have one or more children or other dependents who get more than half their support from you?			
5. Answer yes if any of the following conditions were true for any period of time after you turned to a. Both of your biological or adoptive parents were deceased or b. You were placed in foster care (Answer yes, even if you were later adopted adopted, or released from foster care.)		ge Yes No	
6. Are youcurrently an EmancipatedMinor as dete	rmined by a court in your state of legal residence	'	
<u>22,</u> did you mee	t any of these three categories of homelessness:		
-	t any of these three categories of homelessness: eless liaison determ itha t you were an unaccompa		
a. Did your high school or school district hom who was homeless?b. Did the director of an emergency shelter or	, and the second	artment of	

Appeal Instructions:

If you do not meet conditions 1-8 above, federalaid regulations normally require us to consider your parent(s)' financial resources when evaluating your financial need. However, fiextraordinary circumstances make it difficult for you to obtain your parent(s)' financial data, we may be -3.6 (a)-10.1 (e BMC em)-d (s)8 (hB.7 (w)-3.6 (a)-.3 (i)-3vC em)-d (sh0 (n)-1.3 (i)-3s (m) d [(r)-qm)-d (s (egu)-14)1 (i)-3(an)8ed [(m)-e1]

8.	If you own a vehicle, are you making payments on that vehicle? ☐ Yes ☐ No			
9.	Do you have health insurance?			
10). When was the last time you received health insurance through either of your parents or their employers?			
	List which parent and the approximate date or your age at the time:			
1	11. List your addresses since the age of 18 or since you moved out of your parent(s)' home. Include your relationship to the people w owned or rented the property (parents, aunt, self, friend, etc.) and the dates you lived at each address.			
	Your			
	Your Address			

	Child Abuse/Neglect Reporting Requirements: If you disclose information aboutcurrent or previous childhood abuse or neglectate law requires TU states to report the information to MD's office of Child Protective Services in the events occurred years ago.				
	TU Counseling Services:	Towson University offers shorterm personal counseling services to TU students (most services are free). If you would like to request personal counseling, please contact the Counseling Center at 0442512			
17.	selow or on an attached document, explaine family situation that promptedyour request for independent status(REQUIRID)				
18.	Certification Statement:				
	committing a federacr I also understand that	urposely give false or misleading information on this form or in my supporting documentation, I will be me and could be fined up to \$20,000, sent to prison, or both. If my situationhanges and I move back in with my parent(s), or begin receiving financial support from ely report this information to the Towson University Financial Aid Office.			
	Student Signature:	Date:			
Sub	mission Methods (Choos	e one.) Please include student's name and TU ID Number.			
	Document Upload	Fax Mail0.4 Tm [(Ma)-5.1 (i)-4.12.3 (v Tw 9.9126T /P <			



Student Section:

Student Name (Last, First):		TU I.D. #:	
Phone Number:	E-mail Address:		
Mailing Address:			

Use this form to ask two bjective third parties to submit statements our office verifying their knowledge of your strained relationship with your parents. Relevant persons include, but are not limited to, school counselor, lawyer, clergy, medical or mental health professional, employer, court or legal official.

We must receive separate ($\frac{1}{2}$) which is considered and in the constant of the constant

