



ATTENTION: FTP	
SUBMIT ONLINE: www.ccbcmd.edu/fa-forms <small>(scroll to the bottom)</small> "Securely upload your documents"	Fax 443-840-2824
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**Financial Aid Office
WORFI**

2025 – 2026: Independent Status Review/Renewal Form

Name: _____ CCBC ID: _____

INSTRUCTIONS: You reported on your FAFSA that one of the following circumstances applies to you. Select the status that best describes your situation in Section A, attach all relevant documentation, and complete Section B to indicate that you have read understood the process and your responsibilities.

SECTION A: CIRCUMSTANCES (select one)			
➤ For your request to be considered, mark the ONE status that pertains to you, answer all corresponding supplemental questions, submit all required documentation, and sign and complete Section B.			
<input type="checkbox"/> At any time since you turned 13, <u>BOTH BIOLOGICAL OR ADOPTIVE PARENTS WERE DECEASED</u>			
Documentation	Attach a copy of your birth certificate; <u>and</u> Attach a copy of the death certificate for each parent; <u>and</u> Attach copy of legal adoption documentation, if applicable.		
Supplemental Questions	1. Were you legally adopted? ____ No ____ Yes *If yes, provide age at adoption: _____		
<input type="checkbox"/> You are/were in court-appointed <u>LEGAL GUARDIANSHIP (not custody)</u>			
Documentation	Attach copy of court papers, signed by a judge, verifying that someone other than your parent was appointed as your legal guardian (<u>not</u> custodian); <u>and</u> Attach documentation showing that you were still with your guardian at the "age of majority" (usually 18). Documentation may include senior year high school records, medical insurance, federal or state benefit statements (Social Security, SNAP, TCA, and/or Medicaid); <u>and</u> Attach copy of legal adoption documentation, if applicable.		
Supplemental Questions	<table border="0"> <tr> <td style="vertical-align: top;"> SECTION 1A: <u>Review your court documentation carefully. Does it specifically award guardianship?</u> <input type="checkbox"/> No <i>This is not the correct form for your situation. Please review and consider submitting a Dependency Override Request for review.</i> <input type="checkbox"/> Yes <i>Please proceed to Section B, and answer questions 1-3.</i> </td> <td style="vertical-align: top;"> SECTION 1B: 1. Date the court appointed your legal guardian to you: ____ / ____ month / year 2. Name of person(s) appointed as your legal guardian(s): _____ _____ 3. Were you legally adopted? ____ No ____ Yes If yes, provide age at adoption: _____ </td> </tr> </table>	SECTION 1A: <u>Review your court documentation carefully. Does it specifically award guardianship?</u> <input type="checkbox"/> No <i>This is not the correct form for your situation. Please review and consider submitting a Dependency Override Request for review.</i> <input type="checkbox"/> Yes <i>Please proceed to Section B, and answer questions 1-3.</i>	SECTION 1B: 1. Date the court appointed your legal guardian to you: ____ / ____ month / year 2. Name of person(s) appointed as your legal guardian(s): _____ _____ 3. Were you legally adopted? ____ No ____ Yes If yes, provide age at adoption: _____
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(Continued on Page 2)			



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**Financial Aid Office
WORF1**

Name: _____ CCBC ID: _____

SECTION A: CIRCUMSTANCES (continued)

<input type="checkbox"/> At any time since you turned 13, you were in <i>FOSTER CARE</i>	
Documentation	<p>📎 Attach a copy of legal documentation from the court of your state of legal residence or social service agency indicating when you were placed in foster care; <u>and</u></p> <p>📎 Attach copy of legal adoption documentation, if applicable.</p>
Supplemental Questions	<p>1. Provide age when you were placed in foster care: _____</p> <p>2. Provide dates you were in foster care: From _____ / _____ to _____ / _____ month / year month / year</p> <p>3. Were you legally adopted? ____ No ____ Yes *If yes, provide age at adoption: _____</p>
<input type="checkbox"/> At any time since you turned 13, you were a <i>DEPENDENT OR WARD OF THE COURT</i>	
Documentation	<p>📎 Attach a copy of court document indicating that you were placed under the care, custody, and control of the court/state. It must include the reason for your placement and name of the facility.</p> <p>📎 Attach copy of legal adoption documentation, if applicable.</p>
Supplemental Questions	Were you legally adopted? ____ No ____ Yes *If yes, provide age at adoption: _____
<input type="checkbox"/> You are/were an <i>EMANCIPATED MINOR</i>	
➤ I was released from the control of my parent or guardian as determined by a court of law.	
Documentation	📎 Attach a copy of legal documentation from the court of your state of legal residence. The court must be located in your state of legal residence at the time the court's decision was issued.
Supplemental Questions	<p>1. Date the court declared you an emancipated minor: _____ / _____ month / year</p> <p>2. Your age at that time: _____</p>

SECTION B: CERTIFICATION

- ☐ I understand all Proof of Independent Forms are reviewed on a case-by-case basis, and this written request does not guarantee approval.
- ☐ I have attached all documentation required for the status that I selected above.
- ☐ If requested, I agree to provide further documentation to substantiate this request. Failure to submit all requested documentation will result in denial of the independent status for financial aid purposes.

Warning: The student signing this worksheet certifies all the information reported is complete and accurate. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature

Date

Please allow *at least* 2-3 weeks after ALL documents submitted for review. Check your SIMON account for status updates.
All documents must be submitted by the last day of the semester.