



Financial Aid  
1530 W. 17th St.  
Santa Ana, CA 92706

2025-2026

Name of Financial Aid Applicant (Please print)		
_____	_____	_____
Last	First	Middle
Student ID Number: _____		

### Independent Status Confirmation Form

According to information received from the FAFSA, you answered “yes” to one of the following. Please confirm you meet the definition provided by the Department of Education for financial aid purposes. By signing this document you confirm that you meet the definition provided on this form. Documentation may be requested. **If you do not meet the definition provided on this form you must correct and resubmit your FAFSA instead of completing this form.**

- Orphan**  
You had no living parent (biological or adoptive) at any time since you turned age 13, even if you are now adopted.
- Ward of the Court**  
You were a dependent or ward of the court at any time since you turned age 13, even if you are no longer a dependent / ward of the court as of today.  
**Note:** Someone who is incarcerated is not considered a ward of the court.
- Foster Care**  
You were in foster care at any time since you turned age 13, even if you are no longer in foster care as of today.
- Legally Emancipated Minor**  
You have a court decision that as of today you are an emancipated minor or if you have a court's decision that you were an emancipated minor immediately before you reached the age of being an adult in your state.
- Legal Guardianship**  
You can provide a copy of a court's decision that as of today you are in legal guardianship or you can provide a copy of a court's decision that you were in a legal guardianship 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.  
**Note:** The definition of legal guardianship does not include your parents, even if they were appointed by a court to be your guardian. You are also not considered a legal guardian of yourself.

**I HEREBY CERTIFY that to the best of my knowledge, all of the information provided is true and complete. I understand that false statements or misrepresentations will be cause for denial or repayment of financial aid. I agree that Santa Ana College can update my FAFSA based on this document if needed.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*It is the policy of the RSCCD to fully comply with the requirements of the Americans with Disabilities Act. (BP 5140) Consistent with that policy, this material is available in alternative formats (such as accessible electronic text). Such materials and other disability accommodations will be provided as needed for program access upon request. Please contact the Financial Aid Office: [financial\\_aid@sac.edu](mailto:financial_aid@sac.edu), 714-564-6242 for needed accommodations or alternate formats.*