

Unaccompanied Youth Form 2025-2026

Name:			
Date of Birth:		900#:	
E-mail:		Phone Number:	
I affirm that I have read, understood, and agreed to this form in its entirety and that the information supplied is true and complete.			
Signature:		Date:	

You've indicated on your 2025-26 FAFSA that you are an unaccompanied youth who is homeless or at risk of being homeless and is self supporting on or after July 1, 2024. This status must be confirmed in order for you to be considered for aid as an independent student.

You must complete and submit this form to the Office of Financial Aid and Scholarships with the required signatures at least 3 weeks prior to the end of the semester you are seeking financial aid consideration for.

The following must be completed by one of the four individuals listed. You should choose the appropriate individual based on your situation.

I am a (check one):

- ☐ **McKinney-Vento School District Homeless Liaison (or designee) as designated by the McKinney-Vento Homeless Assistance Act** – you may attach a signed McKinney-Vento letter from your school's McKinney-Vento liaison to this form in lieu of the liaison completing the final page of this form.
(Contact your school district for contact information on this person)
- ☐ **The director (or designee) of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving individuals who are experiencing homelessness**
- ☐ **The director (or designee) of a Federal TRIO program or a Gaining Early Awareness and Readiness for Undergraduate program (GEAR UP) grant**
- ☐ **Financial Aid Administrator at another institution who documented the student's circumstances in the 2024-25 award year**
- ☐ **Financial Aid Administrator at MSU Denver conducting an interview to make a determination of unaccompanied/homelessness/risk of homelessness status. Please contact the Office of Financial Aid and Scholarships to make an appointment.**

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I, the Liaison, Director or Designee above, verify _____ was:
(Print student's name above)

(Check one):

☐ **An *unaccompanied homeless youth (23 years old or younger) after July 1, 2024**

This means that, after July 1, 2024, this student was living in a homeless situation, as defined by Section 725 of the McKinney-Vento Act, and was not in the physical custody of a parent or guardian

☐ **An *unaccompanied, self-supporting youth (23 years old or younger) at risk of homelessness after July 1, 2024**

This means that, after July 1, 2024, this student was not in the physical custody of a parent or guardian, provides for his/her own living expense entirely on his/her own, and is at risk of losing his/her housing.

As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student's living situation. Please use my contact information below to verify or for additional information.

Printed Name of **Liaison, Director or Designee** checked above

Title

Place of employment

(_____) _____
Work phone number

Address of place of employment

City

State

Zip Code

Signature of **Liaison, Director or Designee**

Date