

Fairfield University
Office of Financial Aid

Please email completed form to: finaid@fairfield.edu
Or mail to: Office of Financial Aid
1073 North Benson Road
Fairfield, CT 06824
Fax 203 254-4008

2024–2025 Unaccompanied Youth Verification Worksheet

Student Name: _____

Student ID: _____

According to the Department of Education, you are required to provide this information for our review of your financial aid application. Please complete and submit this form with all supporting documentation.

On or after July 1, 2023, were you unaccompanied and either (1) homeless or (2) self-supporting and at risk of becoming homeless? Yes No

If you answered "Yes," did any of the following determine the student was homeless or at risk of becoming homeless? Select all that apply.

Director or designee of an emergency or transitional shelter, street outreach program, homeless youth center, or other program serving those experiencing homelessness
 Director or designee of the student's high school or school district homeless liaison or designee

Director or designee of a project supported by a federal TRIO or TRIO-GEAR UP program grant
 Financial Aid Administrator
 None of these apply

If you answered "no" to question 1, you must provide parent information on the FAFSA. You may make this correction on-line at <https://studentaid.gov/h/applyfor-aid/fafsa>

If you answered "yes" question 1 and selected on option for question 2, please provide our office with documentation. 0.40.009/a y81(o)3(2 Tf -TDu/vTw 12i)-1(o)1(n 4)-4(sd)-1(o)1o ea,

This information is true, correct, and complete.

Student's Signature

Date