G		Hinds Community Col Office of Financial Aid 2019-2020 Dependency Status Determination		Office Use Only: Name:
A. STUDEN	IT INFORMATION			
ast Name	First Name	M.I.	ID Number (REQUIRED)	Phone number
			certificates and a copy of student	's long form birth certificate.
2. Since	e age 13 or older, were you	in foster care?		
□ If ye	No Yes es, attach a copy of the l	egal court order	of factor care	
3. Since			or foster care.	
	e age 13 or older, were you	a ward of the cou		

If you answered <u>NO</u> to all questions, please return to your FAFSA and complete it using your parents' information.

C. CERTIFICATION

By signing this worksheet, I certify that all the information reported is complete and correct.

Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.

Student Signature:

Date:

Hinds Community College Notice of Non-discrimination Statement: In compliance with the following: Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Tyrone Jackson, Vice President for Utica Campus and Administrative Services and District Dean of Student Services & Title IX Coordinator Box 1003, Utica, MS 39175 Phone: 601.885.7002 or Email: <u>titleIX@hindscc.edu</u>

Mail to: Office of Financial Aid – P.O. Box 1100 – Raymond, MS 39154-1100 Fax: 601-857-3605 Page 1 of 1