

2023

LEGAL GUARDIANSHIP



ILLINOIS STATE UNIVERSITY
Illinois' first public university.

2022-2023 Legal Guardianship Form

The Financial Aid Office has received your Free Application for Federal Student Aid (FAFSA) and has determined additional information is needed before we can determine your financial aid eligibility. Please complete this form and submit a copy of your legal guardianship documents if you have not already done so.

Please review, complete and return this form to document your compliance using one of the following methods.

- Upload the completed original form at: my.illinoisstate.edu
- FAX to: **(309) 438-3755**
- mail to: **Financial Aid Office, Campus Box 2320, Normal, IL 61790-2320**

If you have questions about completing this form, call the Illinois State University Financial Aid Office at (309) 438-2231 or e-mail financialaid@IllinoisState.edu.

Student Name: _____ ISU ID# : _____
Last First MI (University Identification Number)

1. Please check which of the following factors contributed to the decision to seek appointment of a legal guardian for you (additional supporting information may be requested):

<input type="checkbox"/> Death or disability of parents (skip questions 2-9)
<input type="checkbox"/> Removal from parent's custody based on law enforcement or government agency investigation or process (e.g. neglect, abandonment, abuse)
<input type="checkbox"/> Financial inability of parents to pay
<input type="checkbox"/> Enhancement of financial aid opportunities
<input type="checkbox"/> Personal (e.g. estrangement, run-away)/Other (please provide a written explanation)

2. Do you have contact with parent(s)? Yes No

3. How much financial support do you currently receive from your parents each week? \$ _____/week
(lunch money, clothing, entertainment, etc.)

4. Do you have a car that is available for your use? Yes No

If yes, who pays for your gas and car insurance? _____

5. Who pays for your cell phone bill? _____

6. Who do you currently live with? _____

7. What is your current address? _____

8. Who pays for your health insurance? _____

9. Were you claimed as a dependent on your parent or someone else's Federal Tax Return in 2020? Yes No

If yes, please provide the name and relationship of the person that claimed you

Name: _____ Relationship: _____

I certify that ALL of the information on this form is complete and correct I understand that failure to provide complete and accurate information may impact my eligibility for financial aid and may have other legal consequences.

Print Name

Student Signature *Date*