Wesley COLLEGE
Great Things Await

18-19 Unaccompanied Homeless Youth

STUDENT INFORMATION					
Last Name		**First Name**			
Last 4 of SSN#	XXX-XX-	**WC Student ID #**		**Date of Birth**	
>>>>>>>>>>>>>>>>>>>>>> **Permanent Mailing Address** <<<<<<<<<<<<<<<<<<<<<<					
Street Name & No#					
City, ST Zip					
Home ☎		**Cell** ☎			
Student's e-mail address:					

THE NAMED ABOVE STUDENT IS (check one):

❑ An unaccompanied homeless youth on or after July 1, 2017, who was living in a homeless situation as defined by a school district, and was not in the physical custody of a parent or guardian.

❑ An unaccompanied , self-supporting youth at risk of homelessness on or after July 1, 2017, who was not in physical custody of a parent or guardian, provides for his/her own living expenses entirely on his/her own, and is at risk of losing his/her housing.

A written statement and signature from one of the following officials is required to complete this verification. Please submit this form to the appropriate official and return it to the Financial Aid Office with the written statement after completion.

****Certifying official use only****
Please print

I confirm that I am one of the following (check one):

❑ ***School District Liaison***	***Name & Title***	
Signature:	***Phone (w/ area code)***	***Email***
❑ ***Director or Shelter Designee***	***Name & Title***	
Signature:	***Phone (w/ area code)***	***Email***

Return to: Wesley College Student Financial Aid Office, 120 N. State St. Dover, DE 19901 - 🖷: (302)736-2594