



## Unaccompanied Homeless Youth

Additional documentation is required to support your responses provided in your Free Application for Federal Student Aid (FAFSA). Submit this completed form and additional documentation to the Office of Financial Aid & Scholarships.

## Academic Year 2024-2025

**Return this completed form by:**

**Mail:** Financial Aid & Scholarships  
University of Minnesota Crookston  
2900 University Ave  
Crookston MN 56716  
**Email:** [umc-fa@umn.edu](mailto:umc-fa@umn.edu)

**Questions?**

Ph: 218-281-8550  
[umc-fa@umn.edu](mailto:umc-fa@umn.edu)

Student Information		
Full Name		Student ID Number
UMC Email	Phone Number	Social Security Number
Address (street or PO Box, City, State, ZIP)		
Unaccompanied homeless youth information		
I confirm that:		
<p>I am/was an unaccompanied homeless youth on or after July 1, 2023 living in a homeless situation, and I was not in the physical custody of a parent or guardian.</p> <p>I am/was an unaccompanied, self-supporting youth at risk of homelessness on or after July 1, 2023. I was not in the physical custody of a parent or guardian, provided for my own living expenses, and was at risk of losing my housing.</p>		
I am providing a letter of determination from:		
<p>The Director or designee of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving those experiencing homelessness</p> <p>My high school or school district homeless liaison or designee</p> <p>The Director or designee of a project supported by a federal TRIO or GEAR UP program grant</p> <p>I do not have a liaison or designee who is familiar with my situation, but I believe I am an unaccompanied youth who is homeless. If you do not have a liaison or designee, please contact the Office of Financial Aid &amp; Scholarships for further instruction.</p>		
Certification		
You must sign this form certifying that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of grant, whenever discovered.		
Signature (typed signatures will NOT be accepted)		Date