



Maryland Foster Care & Homeless Youth Tuition Waiver Application

Student Name: _____ Student ID# or Date of Birth: _____

This application must be completed by all students requesting a tuition waiver under Md. CODE ANN., EDUCATION § 15-106.1. Questions can be addressed to Homeless Youth and Foster Student Liaison (Pamela Warnick) at 301.387.3012

I can certify and attest that:

FOSTER CARE

- The Maryland Department of Human Services can certify that I am an eligible Foster Care Recipient (or am the younger sibling of a Foster Care Recipient).

-OR-

HOMELESS YOUTH

- I have had a consistent presence in the state of Maryland for at least 1 year before my enrollment at Garrett College and can provide documentation (school, employment or other records); AND
- I have been verified as a homeless child or youth, as defined by the Federal McKinney-Vento Homeless Assistance Act, at any time during the past 2 years prior to enrollment at Garrett College.

-OR-

UNACCOMPANIED HOMELESS YOUTH

- I have had a consistent presence in the state of Maryland for at least 1 year before my enrollment at Garrett College and can provide documentation (school, employment or other records); AND
- I am not in the physical custody of a parent or guardian; AND
- I have been verified as a homeless child or youth, as defined by the Federal McKinney-Vento Homeless Assistance Act, at any time during the past 2 years prior to enrollment at Garrett College.

AND:

_____ I am (or I first enrolled at Garrett College) before turning 25 years of age.

_____ I am enrolled or will be enrolling in a degree seeking program or a Continuing Education vocational certificate program at Garrett College.

_____ I have filed for federal and State financial aid.

_____ I agree to provide to the Institution a copy of any documentation (including any relevant tax returns) that the Financial Aid Office may deem necessary to determine my eligibility for tuition waiver. I understand that failure to timely provide any requested information may result in the denial of my application for tuition waiver.

_____ I understand that I must notify the Financial Aid Office no later than 15 days of my first becoming aware of any change in the information that I have provided. I further understand that failure to notify the Institution of any changes may be considered willful falsification, to be treated as described above.

By signing this form, I certify, under penalty of perjury, that the information I have provided is complete and accurate. I understand that willful falsification of information can result in referral for investigation and prosecution, full disciplinary action by the Institution, and civil action by the Institution to recover any costs that it may incur because of such a false statement.

Applicant Signature: _____

Date: _____

Financial Aid Signature: _____

Date: _____

<p align="center">Financial Aid Office</p> <input type="checkbox"/> Tuition Waiver Granted by Liaison <input type="checkbox"/> Tuition Waiver Denied by Liaison Sign/Date: _____	<p align="center">Office of Records & Registration</p> <input type="checkbox"/> State Residency: IC, OC, OS <input type="checkbox"/> Billing Site: 15, 16, 17 Sign/Date: _____	<p align="center">Business Office</p> <input type="checkbox"/> Tuition Waiver Coded Sign/Date: _____
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APPEAL: Students wishing to appeal the decision of the Homeless Youth & Foster Student Liaison must notify the Director of Financial Aid in writing within 15 working days of the liaison's decision. The request for appeal must state the reason for said appeal.