Schock Financial Aid Office 030 Kershner Student Service Center 25 University Avenue West Chester, PA 19383



Phone: (610) 436-2627 Fax: (610) 436-2574 E-Mail: finaid@wcupa.edu

APPLICATION FOR UNACCOMPANIED/HOMELESS YOUTH DETERMINATION

Name of Student:			
DOB:/		WCU ID or SSN:	
Current Mailing Add	ress of Student:		
(If none, please list name, p mailing address of current of recent address)			
I am providing this le	tter of documentatio	n as (check one):	
☐ A McKinney-Ven	nto School District Lia	nison	
☐ A director or desi	gnee of a HUD-funde	d shelter (list shelter name):	
☐ A director or desi	gnee of a RHYA-fund	led shelter (list shelter name):	
☐ Other Third Party	Reference (list name	of third party):	
**	oarty reference, please cali tement explaining your cir	l and schedule an interview with a Fina cumstances.	ncial Aid counselor and/or
This letter is to confir	m that	was (check one):	
	ed homeless youth at		
This means that, after July 1, 2013, was living in a homeless situation, as			
defined by Section or guardian.	1725 of the McKinney	y-Vento Act, and was not in the p	physical custody of a parent
☐ An unaccompani	ed, self-supporting y	outh at risk of homelessness af	ter July 1, 2013.
This means that, after July 1, 2013, was not in the physical custody of a			physical custody of a
parent or guardian of losing his/her he	_	own living expenses entirely on l	nis/her own, and is at risk
Authorized Signature of Hi	gh School Liaison, Shelte	r Designee, or Third Party Reference:	Date
Print Name			Telephone Number
Title			I
Agency			
Authorized Signature of St	udent		Date