

Date_

Provisionally Independent Form 2024-2025

Student Signature_

Office of Financial Aid

<u>finaid@collegeforcreativestudies.edu</u> Phone: 313.664.7495

Fax: 313.664.7499

Main Campus 201 E. Kirby St. Detroit, MI 48202 Yamasaki Building

Last Name	First Name	MI	CCS ID Number
efore the Office of Fina upport and proof of you	-	eligibility for fi	nancial aid, you must submit the court documentation as
nstructions:			
Please check the box	below that applies to your sta	atus. You may	check more than one:
You can provide a being and adult i	a copy of a court's decision the nyour state (the age of 18 in	nat you were or Michigan)	you are one of the statuses below, or ne of the statuses below before you reached the age of the time the court's decision was issued.
I am or I was a	n Emancipated Minor.		
l am or I was i	n Legal Guardianship.		
l am or I was a	an Orphan.		
lam or I was a	Ward of the Court.		
l am or I was i	n Foster Care.		
I made an erro	or on my FAFSA. *		
I am still a mir	nor and the court decision i	s no longer in	effect. *
The court dec	ision was not in effect at th	e time I becan	ne an adult. *
Certification: By sign	ing this form, I certify that the	information re	ported on this document is true, complete, and accurate.

WARNING: It is a Federal offense to purposely falsify any information on this form