



## TUITION WAIVER AS AN UNACCOMPANIED HOMELESS YOUTH AFFIDAVIT

This affidavit must be completed by all students and potential students requesting  
a tuition waiver under Md. Code Ann., Education § 15-106.1.

**Student Name:** \_\_\_\_\_ **Student ID# or Date of Birth:** \_\_\_\_\_

**I CAN CERTIFY AND ATTEST THAT I CAN BE DEFINED AS A HOMELESS CHILD AS DEFINED BY THE MCKINNEY-VENTO HOMELESS ASSISTANCE ACT (check all that apply)**

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| <input type="checkbox"/> I am a child or youth who shares housing due to loss of housing, economic hardship or a similar reason<br><input type="checkbox"/> I am a child or youth living in a motel, hotel, trailer park, or camp ground due to lack of alternative accommodations<br><input type="checkbox"/> I am a child or youth living in emergency or transitional shelter(s)<br><input type="checkbox"/> I am a child or youth who was abandoned in a hospital<br><input type="checkbox"/> I am a child or youth awaiting foster care placement | <input type="checkbox"/> I am a child or youth whose primary nighttime residence is not ordinarily used as a regular sleeping accommodation (i.e. park benches, etc.)<br><input type="checkbox"/> I am a child or youth living in a car, park, public space, abandoned building, substandard housing, and/or bus/train stations<br><input type="checkbox"/> I am a migratory child or youth living in any of the previous situations |
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**AND (initial any statement that applies to you):**

- \_\_\_\_\_ I am under the age of 25.
- \_\_\_\_\_ I am enrolled or will be enrolling in a degree-seeking program or a Continuing Education vocational certificate program at Garrett College.
- \_\_\_\_\_ I filed for federal and state financial aid before March 1 of this calendar year, or I will file for federal and state financial aid before March 1 of this calendar year.
- \_\_\_\_\_ I have lived in the State of Maryland for at least 1 year prior to enrollment in a public institution of Higher Education that is documented by school, employment, or other records
- \_\_\_\_\_ I am not in the physical custody of a parent or guardian.
- \_\_\_\_\_ I am, or previously was, an orphan, in foster care, or a ward of the court or a sibling of one.
- \_\_\_\_\_ I lack a fixed, regular, and adequate nighttime residence. *(If this statement is selected, please also complete the following statements; continue on back of page if necessary.)*
- My current residence/living situation is: \_\_\_\_\_

I lack a fixed, regular and adequate nighttime residence because: \_\_\_\_\_

**I HEREBY SOLEMNLY AFFIRM UNDER PENALTIES OF PERJURY THAT (initial each line):**

- \_\_\_\_\_ The information given above is true and accurate.
- \_\_\_\_\_ I understand that willful falsification of information in this Affidavit 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.
- \_\_\_\_\_ I agree to provide to the Institution a copy of any documentation (including any relevant tax returns) that the Financial Aid Office deems 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 in this Affidavit. I further understand that failure to notify the Institution of any changes may be considered willful falsification, to be treated as described above.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Financial Aid Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p style="text-align: center;"><b>Financial Aid Office</b></p> <input type="checkbox"/> Tuition Waiver Granted Sign/Date: _____	<p style="text-align: center;"><b>Office of Records &amp; Registration</b></p> <input type="checkbox"/> State Residency: IC, OC, OS <input type="checkbox"/> Billing Site: 15, 16, 17 Sign/Date: _____	<p style="text-align: center;"><b>Business Office</b></p> <input type="checkbox"/> Tuition Waiver Confirmed Sign/Date: _____
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