

## **University of South Carolina Beaufort**

Financial Aid/Veterans Affairs Office 801 Carteret Street ♦ Beaufort, SC 29902

**Office:** 843-521-3104 **♦ Fax:** 843-521-3194 **♦** www.uscb.edu

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## 2023-2024 Unaccompanied Homeless Youth Continuation Form

Last Name	First Name	Middle Name	Student VIP ID
Student's Email Address			Telephone Number
	ncial Aid Office to continue cooses, you must complete thi		-
	l letter requesting continuati ate your family circumstance	•	-
<ul><li>What were y</li><li>With whom</li></ul>	on or after July 1, 2022 were your (and parents) living arranhave you resided?	ngements over the past y	
Who has pro	ovided support to you during	the past year?	
-	om a third party on letterhea ovider, counselor, mental hea r, doctor, or clergy)		
Please confirm that	you were:		
This means that after	ied homeless youth (under 2 er July 1, 2022 you were living o Act, and was not in the phys	g in a homeless situation a	•
This means that after	ied self-supporting youth (ur er July 1, 2022 you were not in n living expenses entirely on y	n the physical custody of	a parent or guardian, and
youth (as defined by	ss or at risk of being homeless the Department of Educatio SA and provide parental info	n above) for financial aid	purposes. I understand that I
,		•	d accurate. If I purposely give ayment of financial aid and I may
Student's Signature		Date	