



UNIVERSITY of MARYLAND
EASTERN SHORE

OFFICE OF STUDENT FINANCIAL AID

**AFFIDAVIT OF STUDENT REQUESTING
TUITION WAIVER AS AN UNACCOMPANIED HOMELESS YOUTH**

Applicant Name: _____ Student ID: _____

This affidavit must be completed by all students and potential students requesting a tuition waiver under MD. CODE ANN., EDUCATION § 15-106.1. To complete the affidavit, **read the statements below and INITIAL any statement that applies to you.**

_____ I am under the age of 25.

_____ I am currently enrolled in a vocational, bachelor, or associate degree program at a University System of Maryland institution, or I am currently an applicant for a vocational, bachelor, or associate degree program at a University System of Maryland institution.

_____ I filed for federal and state financial aid by March 1 of this year, or I will file for federal and state financial aid by March 1 of this year.

_____ I am not in the physical custody of a parent or guardian.

_____ I lack a fixed, regular, and adequate nighttime residence.

If this statement is initialed, 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 have or will have had a consistent presence in Maryland for twelve months prior to enrollment.

_____ I am, or previously was, an orphan, in foster care, or a ward of the court.

_____ I am a current active-duty member of the United States Armed Services.

_____ I am a veteran of the United States Armed Services.

_____ I am married.

_____ I have legal dependents other than a spouse.

I HEREBY SOLEMNLY AFFIRM UNDER PENALTIES OF PERJURY THAT:

_____ 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: _____