

Financial Aid & Scholarships Confluence Building – Room 120 800 Curtis St. Denver, CO 80204 303.556.5503 | <u>financialaid@ccd.edu</u>

2023-2024 UNACCOMPANIED HOMELESS YOUTH

Student Name (print):			
S#:		Phone:	
Student E-mail:			
Note:	Your official CCD email account is the onl	y email CCD will accept for correspondence.	
Student Signature:		Date:	
	orm must be completed by the Liaison, udent's status. Please indicate your ro	, Director or Designee who is authorized to verify le below (check one):	
\bigcirc	McKinney-Vento School District Homeles	ss Liaison or their Designee	
0	Director or Designee of emergency or tra youth drop in center, or other program se	ansitional shelter, street outreach program, homeless erving individuals experiencing homelessness	
0	Director of TRIO or GEAR UP program of	or their designee	
0	Financial Aid Administrator		
I, the Liaison, Director or Designee above, verify (print student's name) is (check one):			
0	An unaccompanied homeless youth after	July 1, 2022. This means that, after July 1, 2022	
		(print student's name) was living in a	
homeless situation, as defined by Section 725 of the McKinney-Vento Act, and was not in the			
physical custody of a parent or guardian.			

Mailing Address: Campus Box 206 | P.O. Box 173363 | Denver, CO 80217 | Fax: 303-556-5458

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S#:			
○ An unaccompanied, self-supporting youth at risk of homelessness after July 1, 2022. This			
means that after July 1, 2022	(print		
student's name) was not in the physical custody of a parent or guardian, provided for their own living			
expenses entirely on their own and was at risk of losing their housing.			
Per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student's living situation.			
Authorized Signature:	Date:		
Print Name:	Phone Number:		
Title:			
Agency:			