COMMUNITY COLLEGE OF DENVER

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

2026-2027 UNACCOMPANIED HOMELESS YOUTH

Student Name (print): _____

S#: _____ Phone: _____

Student E-mail: _____

Note: Your official CCD email account is the only email CCD will accept for correspondence.

Student Signature: _____ Date: _____

This form must be completed by the Liaison, Director or Designee who is authorized to verify the student's status. Please indicate your role below (check one):

- ◯ McKinney-Vento School District Homeless Liaison
- ◯ Director or Designee of emergency or transitional shelter, street outreach program, homeless youth drop in center or other program serving individuals experiencing homelessness
- ◯ Director of TRIO or GEAR UP program or their designee
- ◯ Financial Aid Administrator

This form conveys my determination that after July 1, 2025, _____ (print student's name) was:

- An unaccompanied homeless youth, as defined by the FAFSA Simplification Act (Public Law No: 116-260)
- An unaccompanied, self-supporting youth at risk of homelessness

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S#: _____

The section below should be completed in full by the authorized Liaison, Director or Designee indicated above. The signature provided must be a "pen to paper" signature.

Authorized Signature: _____ Date: _____

Print Name: _____ Phone Number: _____

Title: _____ Email: _____

Agency: _____