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
Email: uscbfina@uscb.edu

2026-2027 Unaccompanied Homeless Youth Continuation Form

_____ _____
Last Name First Name Middle Name Student VIP ID

_____ _____
Student's Email Address Telephone Number

In order for the Financial Aid Office to continue considering you as an Unaccompanied Homeless Youth for financial aid purposes, you must complete this form and submit the following:

I. A signed personal letter requesting continuation of your unaccompanied homeless youth status. The letter must update your family circumstances and include the following information:

- At any time on or after July 1, 2025 were you considered to be homeless?
- What were your (and parents) living arrangements over the past year?
- With whom have you resided?
- Who has provided support to you during the past year?

II. A signed letter from a third party on letterhead attesting to your homeless situation. (Homeless shelter or service provider, counselor, mental health professional, social worker, employer, mentor, USCB staff or faculty, doctor, or clergy)

Please confirm that you were:

☐ **An unaccompanied homeless youth (under 21) after July 1, 2025**
This means that after July 1, 2025 you were 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.

☐ **An unaccompanied self-supporting youth (under 21) at risk of homelessness after July 1, 2025**
This means that after July 1, 2025 you were not in the physical custody of a parent or guardian, and provide for your own living expenses entirely on your own, and are at risk of losing housing.

☐ I am not homeless or at risk of being homeless and I do not qualify as an unaccompanied homeless youth (as defined by the Department of Education above) for financial aid purposes. I understand that I must correct my FAFSA and provide parental information on my application.

By signing this document, I certify that all the information reported on it is true and accurate. If I purposely give false or misleading information on this document, it will be cause for denial or repayment of financial aid and I may also be fined, sentenced to jail, or both.

_____ _____
Student's Signature Date