

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

2025-2026 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 co poses, you must complete this		
	l letter requesting continuati	-	
What were yWith whom	on or after July 1, 2024 were your (and parents) living arrai have you resided? ovided support to you during	ngements over the past y	
_	om a third party on letterhea ovider, counselor, mental hea o, doctor, or clergy)		
Please confirm that	you were:		
This means that after	ied homeless youth (under 2 er July 1, 2024 you were living o Act, and was not in the phys	in a homeless situation a	•
This means that after	ied self-supporting youth (uner July 1, 2024 you were not in a living expenses entirely on y	n the physical custody of a	a parent or guardian, and
youth (as defined by	ss or at risk of being homeless the Department of Education 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	