

## **University of South Carolina Upstate**

Office of Financial Aid and Scholarships Health Education Complex, Suite 2081 800 University Way, Spartanburg, SC 29303 Phone: 864-503-5340 Fax: 864-503-5974

## 2020-2021 Unaccompanied or Homeless Youth

tudent <sup>2</sup>	's Name	USC ID	My VIP ID
nergency omeless y no was ho	shelter funded by the US Depouth basic center or transition omeless or at risk of being hor	partment of Housing and Urb hal living program has detern meless.	ct homeless liaison, the director of an oan Development or the director of a runaway or nined that you were an unaccompanied youth the appropriate agency on agency letter
neck One			
			nas determined that you are an unaccompanied en made on or after July 1, 2019)
	High School or School Dis	strict Homeless Liaison Signa	ature Date
	High School Name or Scho	ool District	<u> </u>
	The director of an emergency shelter funded by the US. Department of Housing and Urban Development has determined that you are an unaccompanied youth who was homeless. (This determination must have been made on or after July 1, 2019)		
	Director's Signature		Date
	Name of Emergency Shelt	er	
	The director of a runaway or homeless youth basic center or transitional living program has determined that you were an unaccompanied youth who was homeless or at risk of being homeless. (This determination must have been made on or after July 1, 2019)		
	Director's Signature		Date
	Name of Program		
	I have <b>NOT</b> been determine above.	ed to be an unaccompanied of	or homeless youth by one of the organizations
			on it is complete and correct. If I purposely give