

**Passport to Careers Program  
Dependent/Ward of the Court Verification**

**Student Information**

First name	Middle name	Last name	Date of birth
Date and age dependency was established	Date and age dependency was dismissed	Amount of time spent in care	Date of last placement
		Years      Months	
Name of federally recognized tribe		Tribal foster care contact phone number	

This statement is to confirm the following:

- The above-named person was in the care of the tribal foster care system of the above-named tribe in Washington State, and placed in out-of-home care at any time since turning 15 and before turning 21.\*

*\* Note: This is the current requirement. Beginning July 1, 2019, eligible persons can have been placed in care between turning 14 and turning 21. Beginning July 1, 2020, eligible persons can have been placed in care between turning 13 and turning 21.*

I certify that the information provided in this document is true and accurate.

**Tribal Representative Information**

Name of authorized tribal representative		Title	
Mailing address	City	State	Zip code
Authorized tribal representative signature		Date	

**For more information, contact:**

Washington Student Achievement Council  
PO Box 43430, Olympia, WA 98504-3430  
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Phone: 1-888-535-0747, option 3, then select 1  
Fax: 1-360-704-6246