



Request for Dependency Override 2024–2025

Student ID # _____

Name: _____

Address: _____

Date of Birth: _____

City, State, Zip: _____

Phone # _____

Have you already filed the 2024–2025 FAFSA? Yes _____ No _____

Students under the age of 24 who wish to be considered independent for Federal Financial Aid purposes must complete this form and provide all required documentation. The Student Financial and Registration Services Office will review each student's circumstances on a case-by-case basis and does not guarantee that submitting this form will result in a change in dependency status. Student must reapply for a dependency override each year. Circumstances that do not qualify for a dependency override according to the U.S. Department of Education regulation HEA Sec. 480(d)(7) include:

- 1) Parents refuse to contribute to the student's education.
- 2) Parents are unwilling to provide information on the application or for verification.
- 3) Parents do not claim the student as a dependent for income tax purposes.
- 4) Student demonstrates total self-sufficiency.

Please review the following circumstances and check the section that applies to you. Submit this form together with the required documentation to Student Financial Planning, the Culinary Institute of America, 1946 Campus Drive, Hyde Park, NY 12538, scan and email to SFRS@culinary.edu

(The dysfunction is a result of physical or emotional abuse or other situation that makes it impossible to live with and be supported by parent(s).)

Required Documentation:

A signed statement from you describing your family situation and how you are supporting yourself or who is providing your support.

A signed statement from a professional person, such as a counselor, minister, social worker or teacher, who is familiar with your family situation.

A signed statement from a friend or family member who can verify your family situation.

Any court or police records to support your family situation.

My custodial parent has died and I do not have any contact with the other birth/adoptive parent.

Required Documentation:

A signed statement from you describing your relationship with your other birth/adoptive parent and how you support yourself **or** who is supporting you.

A signed statement from a person who is familiar and can verify you have no contact with your other birth/adoptive parent.

i ' Y#iris fa
" a