



Student Financial  
& Registration Services

**Request for Dependency Override  
2017–2018**

Student ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone # \_\_\_\_\_

Have you already filed the 2017–2018 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 & 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 the Student Financial & Registration Services Express Office, The Culinary Institute of America, 1946 Campus Drive, Hyde Park, NY 12538 or Fax to 845-905-4030.**

     **I come from a dysfunctional family situation.**

(The dysfunction is a result of physical or emotional abuse, drug or alcohol abuse or other situation that makes it impossible to live with and be supported by your 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 and can verify your family situation.
- A signed statement from a friend or family member who is familiar and 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.
- A death certificate of the deceased birth/adoptive parent.

**\_\_\_I am under 24 and divorced with no dependents.**

**Required Documentation:**

- A signed statement from you as to how you support yourself or who is supporting you.
- A signed statement from your parents that they have not provided financial support to you since your divorce.
- A copy of the divorce decree.
- Signed copies of your federal tax returns.
- Signed copies of your parents' federal tax returns.

**By signing this form I certify that all information and documentation is correct and accurate. I also understand that the approval of a dependency override is not guaranteed, is at the discretion of the Student Financial & Registration Services Office. I also understand that if I am granted a dependency override my custodial parent(s) may not co-sign any loans to assist with my education.**

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**Student Signature**

**Date**