Request for Dependency Override
2019–2020

Student ID #____________
Name_______________________________________ Date of Birth____________
Address_______________________________________ Phone #________________
City, State, Zip________________________________

Have you already filed the 2019–2020 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, Culinary Institute of America, 1946 Campus Drive, Hyde Park, NY 12538, scan and e-mail to SFRS@culinary.edu 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.

______________________  ________
Student Signature        Date