



## 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 [SFERS@culinary.edu](mailto:SFERS@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 and 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**