



2024–2025 DEPENDENT VERIFICATION WORKSHEET

Your federal aid application was selected for review in a process called “verification.” In this process, CIA’s Student Financial and Registration Services Office will be comparing information from your FAFSA with data from the 2022 IRS tax return and this worksheet. **If we find conflicting information, we may request additional information from you.**

Your financial aid will not be processed until verification is completed. We must review the requested information under the financial aid program rules. If we find errors on your FAFSA, we will process the corrections electronically.

Return completed form to: Student Financial Planning, The Culinary Institute of America, 1946 Campus Drive, Hyde Park, NY 12538. You may fax information to us at 845-905-4030, or scan and email to SFRS@culinary.edu. Please indicate the student’s full name on all documents. If you should have questions, call us at 845-451-1500.

A. STUDENT INFORMATION

Student’s Last Name _____ First Name _____ MI _____ Student’s Date of Birth _____ Student ID# (if assigned) _____

B. HOUSEHOLD INFORMATION

For section B, list the people in your parent(s) household, including yourself, your parent(s) even if you don’t live with your parents, and other people who your parents will support between July 1, 2024 and June 30, 2025.

*List ages as of the date you completed the 2024–25 FAFSA application.

If additional room is needed, attach a separate sheet of paper with names, ages, relationships, and current college name.

Full Name (first, mi, last)	Age*	Relationship to you
<i>Example: Jeremy Jones</i>	<i>15</i>	<i>Brother</i>
		SELF

C. TAX RETURN AND INCOME INFORMATION

Check the below box to indicate whether you or your parent(s) filed a 2022 Federal tax return:

Who **DID** file a 2022 Federal income tax return:

- YOU YOUR PARENT 1 (*biological, adoptive or stepparent*) YOUR PARENT 2 (*biological, adoptive or stepparent*)

Who **did NOT file and is not required to file** a 2022 Federal income tax return:

- YOU YOUR PARENT 1 (*biological, adoptive or stepparent*) YOUR PARENT 2 (*biological, adoptive or stepparent*)

D. CERTIFICATION

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct. Parent and student must sign. Warning: If you purposely give false or misleading information, you may be fined, sentenced to jail or both.

Student’s Signature _____ Date _____

Parent’s Signature _____ Date _____

Note: We cannot accept electronic signatures