

2018-19 Appeal for Independent Student Status Form

Student's Last Name (Please print): _____ Student's First Name _____

CIA ID/Social Security Number: _____

This form is intended for students seeking independent student status as a result of a **complete separation or other extenuating circumstances** with their parents. The CIA Office of Financial Aid Dependency Review Board will consider your request for change in dependency status based on abandonment by your parent(s), abuse and/or neglect. Students under the age of 24, who are not receiving parental support, who do not have dependents and are now divorced may also qualify for a change in dependency status. The following conditions **do not qualify as unusual circumstances** to become an independent student:

- Parent(s) refusing to contribute to your education
- Parent(s) unwilling to provide information for the FAFSA or for completing the federal verification process
- Parent(s) not claiming you as a dependent for income tax purposes
- Undergraduate student under age 24 demonstrating total self-sufficiency

PLEASE SUBMIT THE FOLLOWING DOCUMENTATION WITH THIS FORM TO THE OFFICE OF FINANCIAL AID:

- 2018-19 signed paper copy of FAFSA. Include only the student (and spouse's) information.
- A detailed statement from the student explaining their independent student status, which must include:
 - How often you have contact with your biological parents, the last time you had contact with them, and the last time you resided in the home of at least one of your biological parents.
- Third Party documentation (i.e., High School Counselor, Children Services Counselor, Psychologist, Legal Documents, etc.).
- Proof of Economic Self-Sufficiency, (i.e., lease, rent receipts, utility bills, etc.) along with 2014, 2015, and 2016 Federal IRS Tax Transcripts (including all schedules) and W-2 forms, and/or proof of other sources of income for 2014, 2015, and 2016.
- Copies of your parents' 2014, 2015, and 2016 Federal IRS Tax Transcripts (including all schedules and W-2 forms).
- Proof of legal separation or divorce, and a copy of marriage certificate if either are applicable.
- Proof of Ward of the Court Status
- Other

1.) What is the annual amount of financial support you receive from your parent(s)? _____

2.) What other support do you receive from your parents on an annual basis (examples: health insurance, financial support for room, board, books, car expenses, utilities, cell phone, etc.)? Please identify type and approximate value:

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3.) Please indicate the anticipated amount and source from persons other than your parents of your annual income for 2016, 2017 and the amount you anticipate receiving in 2018 (examples include wages, monetary gifts, food, rent and payments for other expenses:

2016 \$ _____ Source: _____

2017 \$ _____ Source: _____

2018 \$ _____ Source: _____

4.) Please complete the following statement of your estimated annual calendar year expenses:

EXPENSES (If any amounts are zero, please explain)	2016 (JAN-DEC)	2017 (JAN-DEC)	2018 (JAN-DEC)
Housing			
Food			
Transportation (car payments, insurance, gas)			
Utilities			
Child care and/or dependent care			
Personal (clothing, entertainment)			
Other			
TOTAL			

CERTIFICATION: *I certify all of the information included with this form is true and complete to the best of my knowledge. I agree to give further proof of the information provided if asked by an authorized official.*

Student's Signature _____ Date _____

Submit to:
The Cleveland Institute of Art
Office of Financial Aid
11610 Euclid Ave. Suite 122
Cleveland, OH 44106
Fax: 216.754.363
Email:
financialaid@cia.edu