

2024-2025 Appeal for Independent Student Status Form

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

CIA ID Number: _____

This form is for students seeking independent student status because 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 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:

- Signed and dated paper copy of the 2024-2025 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 Federal IRS Tax Transcripts (including all schedules) and W-2 forms, and/or proof of other sources of income.
- Proof of Ward of the Court Status
- Other: At any time after 7/1/2022, did your county Children and Family Services Caseworker or the director of an emergency shelter/runaway youth basic center determine you were an unaccompanied youth, homeless, or self-supporting? Submit documentation from the appropriate official explaining your situation with this form.

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

2.) Are you included on your parents' health insurance?

3.) What other support do you receive from your parents on an annual basis (examples: 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 amount and source of your income from persons other than your parents and the amount you anticipate receiving in 2024 (examples include wages, monetary gifts, food, rent and payments for other expenses):

2024 \$ _____ Self: _____

2024 \$ _____ Other Source: _____

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

EXPENSES (If any amounts are zero, please explain)	2024 (JAN-DEC)
Housing	
Food	
Transportation (car payments, insurance, gas, etc.)	
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:
Cleveland Institute of Art Financial Aid Office
11610 Euclid Ave. Suite 122
Cleveland, OH 44106
Email: financialaid@cia.edu