



**NOTE:** This application is only to be completed upon acceptance into the college program. All information on this application will be directed to the college the applicant has been accepted to.

A APPLICANT INFORMATION						
1	First name	2	MI (optional)	3	Last name	
4	DOB: MM/DD/YYYY		___/___/___			
Correctional Facility Information						
5	Name of the applicant's Correctional Facility:					
	County:	State: NY	Zip Code:			
Student College						
6	Name of the College in which the applicant is/will be enrolled:					
7	Student ID					
Student Citizenship and Immigration Status						
8	Select applicant's current citizenship or immigration status (select One): <i>Please see instructions for definitions of citizenship or immigration status.</i>					
	<input type="checkbox"/> 1. U.S. Citizen	<input type="checkbox"/> 2. Permanent Resident Alien	<input type="checkbox"/> 3. Paroled Refugee	<input type="checkbox"/> 4. T-Visa		
	<input type="checkbox"/> 5. U-Visa	<input type="checkbox"/> 6. Temporary Protected Status (TPS)	<input type="checkbox"/> 7. Deferred Action for Childhood Arrivals (DACA) status	<input type="checkbox"/> 8. Without lawful immigration status		
State of Residence						
9	On 9/1/2023, was the applicant incarcerated?	<input type="checkbox"/>	Yes (Must answer question 9.a below)	<input type="checkbox"/>	No (Must answer question 9.b below)	
9.a	In what state did the applicant reside before they were incarcerated?	<input type="checkbox"/>	New York State	<input type="checkbox"/>	A state other than New York State	
9.b	In what state did the applicant reside from 9/1/2023 to the date they were incarcerated?	<input type="checkbox"/>	New York State	<input type="checkbox"/>	A state other than New York State	
Student SSN/TIN						
10	Has applicant ever been issued an SSN/TIN?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (must complete Section F)	
11	If Yes, Enter applicant SSN/TIN				-----	
B FINANCIAL DEPENDENCY AND AWARD SCHEDULE						
<b>The following questions are asked to determine the applicant's financial dependency status and award schedule. Select the options that are applicable:</b>						
1	Is the applicant a Foster Youth, Ward of the Court, or Orphan at or after age 13? (Supporting document required, see instructions)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
2	Is the applicant honorably discharged from full-time active military service? (Supporting document required, see instructions)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
2.a	Is the applicant able to provide their DD214?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
3	Was the applicant claimed as a dependent on parent's Federal or State income tax return?	2023	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
		2024	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4	Did the applicant live with a parent, stepparent, or adoptive parent for more than six weeks?	2023	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
		2024	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5	Did the applicant receive more than \$750 from a parent, stepparent, or adoptive parent?	2023	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
		2024	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

6	Does applicant have one or more dependent children as of 12/31/2023?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7	Was the applicant 22 years or older on 06/30/2024?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
8	As of 12/31/2023, what best describes the applicant's marital status:	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married
<p><b>Students who are under 22 years old and satisfy certain prescribed criteria, are considered independent for NYS financial aid purposes. Select what describes applicant the best, as of 06/30/2024: (Applicant must provide supporting documents if they answer 'Yes' to any of the questions below. See instructions.)</b></p>					
9	Both of my parents were totally and permanently disabled	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
10	Both of my parents were declared incompetent	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
11	My family is dissolved / my parents are no longer or will no longer be responsible for my care	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
12	I received or will be receiving public assistance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>C APPLICANT/ SPOUSE INCOME (As reported on 2022 tax return)</b>					
1	Applicant / Spouse Tax Filing Status	<input type="checkbox"/>	Single -Unmarried	<input type="checkbox"/>	Single- Separated/Divorced but not remarried
		<input type="checkbox"/>	Head of household	<input type="checkbox"/>	Married--filed joint return
		<input type="checkbox"/>	Married--filed separate return	<input type="checkbox"/>	Qualifying widow(er)
		<input type="checkbox"/>	I was not required to file a return for the 2022 tax year		
2	In what state did applicant file their 2022 tax return?	<input type="checkbox"/>	New York State	<input type="checkbox"/>	A state other than New York State
<p><b>Spouse Information:</b> If applicant was married on 12/31/2022, the applicant will need to answer questions 3 through 7: Pl. provide the information <b>as reported on 2022 tax return</b>)</p>					
3	<b>Check here</b> if the applicant is unable to provide their spouse's information: (if checked, skip questions 4 through 7; Go to question 8; See instructions)				<input type="checkbox"/>
4	In what state did applicant's spouse file their 2022 tax return?	<input type="checkbox"/>	New York State	<input type="checkbox"/>	A state other than New York State
5	Have spouse ever been issued an SSN/TIN?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6	If Yes, enter spouse's Social Security Number/TIN (As reported on 2022 tax return.)				-----
7	a. Spouse's First Name:		b. Spouse's Last Name:		
8	Did applicant and/or spouse (if married) receive any Pension Income?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>D PARENT'S INCOME (As reported on 2022 tax return)</b>					
1	<b>Check here</b> if the applicant is unable to provide information about their Parent/s: (if checked, skip questions from Section D and E but must complete Section F; See instructions)				<input type="checkbox"/>
2	Parent's Tax Filing Status	<input type="checkbox"/>	Single -Unmarried	<input type="checkbox"/>	Single- Separated/Divorced but not remarried
		<input type="checkbox"/>	Head of household	<input type="checkbox"/>	Married--filed joint return
		<input type="checkbox"/>	Married--filed separate return	<input type="checkbox"/>	Qualifying widow(er)
		<input type="checkbox"/>	Parent(s) was not required to file a return for the 2022 tax year		
3	In what state did applicant's parents file their 2022 tax return?	<input type="checkbox"/>	New York State	<input type="checkbox"/>	A state other than New York State
4	For New York State student financial aid program purposes only, child support payments received are considered as other income. Pl. answer the question below if applicant's custodial parent received any child support payments for applicant in tax year 2022:				



	Enter the total amount in child support payments custodial parent received in 2022, for the applicant, from the non-custodial/other parent (Enter 0, if not applicable)	\$ _____ .00
5	Did parent(s) receive any Pension Income in 2022?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>E</b>	<b>PARENT'S INFORMATION</b> (As reported on 2022 tax return; See instructions) <span style="float: right;"><b>Check here if this section is not applicable</b> <input type="checkbox"/></span>	
1	Have Parent 1 ever been issued an SSN/TIN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	If Yes, Parent 1's Social Security Number/TIN _____	
3	a. Parent 1's First Name:	b. Parent 1's Last Name:
4	Have Parent 2 ever been issued an SSN/TIN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	If Yes, Parent 2's Social Security Number/TIN _____	
6	a. Parent 2's First Name:	b. Parent 2's Last Name:
<b>F</b>	<b>SELF-REPORTED HOUSEHOLD INCOME</b> (See instructions for 'Who must complete this section?')	
<i>Applicant's household income is considered to be the income of applicant and their spouse (if married) OR applicant and their parents/stepparents/adoptive parents with whom applicant resided during tax year 2022. Household income should include any pension income and/or child support payments received.</i>		
1	Enter applicant's total household income for tax year 2022:	\$ _____ .00
<b>G</b>	<b>OTHER FAMILY MEMBERS ATTENDING COLLEGE FULL TIME</b>	
<i>Enter information for the other family member who will be a full-time college student between July 1, 2024, and June 30, 2025. Note: Enter Relationship as listed below. Independent students may <b>only</b> claim spouse or dependent children (See instructions)</i>		
<i>Relationships: 1) Child (Step) 2) Parent (Step/Adoptive) 3) Sibling (Step) 4) Spouse</i>		
1.	Last name	2. First name
3.	Social Security Number/TIN (if any)	
4.	Relationship	
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
<b>H</b>	<b>AFFIRMATION &amp; CONSENT - APPLICANT</b>	
I affirm, under penalty of perjury under the laws of New York State ("NYS") that the information contained and/or submitted herein is true and complete. I authorize the NYS Higher Education Services Corporation ("HESC") to provide NYS agencies with any information needed to verify the statements made herein. I authorize such agencies to provide HESC with information needed to assess the applicant's eligibility for NYS financial aid, including tax return information, for all periods reported herein and for any and all subsequent periods for which financial aid is sought. I further authorize the school that I will attend to enter the information reported on this form into the HESC or its agent's system as reported herein. I further affirm that any information included in the instant application that is transferred into the HESC or its agent's system by the Financial Aid Officer ("FAO") of the school to which I have been admitted and for purposes of obtaining financial aid for my benefit, shall have the same effect as if directly reported by me.		
Applicant's Signature: _____		Date: ___/___/_____
<b>I</b>	<b>AFFIRMATION &amp; CONSENT: PARENT/S AND SPOUSE</b>	
I affirm, under penalty of perjury under the laws of New York State ("NYS") that the information contained and/or submitted herein is true and complete. I authorize the NYS Higher Education Services Corporation ("HESC") to provide NYS agencies with any information needed to verify the statements made herein. I authorize such agencies to provide HESC with information needed to assess the applicant's eligibility for NYS financial aid, including tax return information, for all periods reported herein and for any and all subsequent periods for which financial aid is sought.		
Parent 1 signature: _____		Date: ___/___/_____
Parent 2 signature: _____		Date: ___/___/_____
Spouse signature: _____		Date: ___/___/_____
<b>J</b>	<b>AFFIRMATION: School Financial Aid Officer/ Education Representative</b>	
I the undersigned _____ acting in my capacity as the Financial Aid Officer ("FAO")/ Education Representative for (school) _____ do affirm that I will accurately transfer the information conveyed by the applicant on this form into HESC or its agent's system as provided by the applicant. Any information obtained from the instant application, shall have the same effect as if directly reported by the applicant.		
Email: _____		Phone: _____
Financial Aid Officer Signature/ Education Representative signature: _____		Date: ___/___/_____