

DECEDENT INFORMATION _____

NOTE: You must attach supporting documentation when submitting your supplement.

9. Social Security Number

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10. Date of Birth (Use numbers only)

MM		DD		YYYY								

11. Last Name

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First Name

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PERSONAL PRIVACY NOTICE _____

Protecting the privacy of your personal information is important to New York State Higher Education Services Corporation (HESC). We respect your right to privacy and recognize our obligation to keep information about you secure and confidential in compliance with state and federal laws and maintain physical, electronic, and procedural safeguards in compliance with federal and state laws and regulations to safeguard your personal information. This notice uses the term "personal information." This means any information concerning you, which, because of name, number, symbol, mark, or other identifier, can be used to identify you. HESC collects this information pursuant to the authority of Articles 13 and 14 of the New York State Education Law and applicable regulations. HESC does not disclose any personal information about you to anyone except as permitted by law. HESC restricts access to your personal information to those HESC employees, other state employees and employees of the New York State Attorney General's office, and contractors and agents who need to know this information to service and/or collect Program awards. Your personal information is retained in the system of records maintained in HESC's Division of Financial Aid Services. You may access and review such information by contacting the Director of Financial Aid Services, NYS Higher Education Services Corporation, 99 Washington Avenue, Albany, New York 12255. The Director of Financial Aid Services or his designee shall, within five (5) business days of the date of the receipt of a proper request to access and review your personal information: (i) provide access to the personal information; (ii) deny access in writing, explaining the reasons therefore; or (iii) acknowledge the receipt of the request in writing, stating the approximate date when the request will be granted or denied, which date shall not be more than thirty (30) days from the date of the acknowledgment.

APPLICANT AFFIRMATION and CONSENT TO DISCLOSE _____

I, being the applicant for the above-mentioned program, hereby affirm, subject to penalty of perjury, that the information on this supplement and any documentation provided or to be provided are accurate and complete. I understand this information will be accepted for all purposes as the equivalent of a signed affidavit and, if it contains a false statement, shall subject me to the same penalties for perjury as if I had been duly sworn. Also, by my affirmation, I understand and agree that submission of the supplement mentioned above constitutes authorization to the New York State Higher Education Services Corporation to release such information as may be necessary to verify any statement herein. I hereby further affirm that I have read and understand all of the above as reflected in this Supplement. Furthermore, I consent to the disclosure of information to the New York State Higher Education Services Corporation for the purposes of determining my eligibility for this program and for processing program payments that may be made on my behalf, including, but not limited to, my social security number.

Signature _____

Date: ____/____/____

General Information and Eligibility

Flight 3407 Memorial Scholarships provide financial aid to children, spouses, and financial dependents of persons who died as a direct result of Continental Airlines Flight 3407's crash in Clarence, New York on February 12, 2009.

Eligibility

Students must:

Be children, spouses, or financial dependents of those who died as a direct result of the Continental Airlines Flight 3407's crash in Clarence, New York, on February 12, 2009.

Additionally, students must:

- Study at an approved postsecondary institution in New York State.
- Have graduated from high school in the United States, earned a GED, or passed a federally approved "Ability to Benefit" test as defined by the Commissioner of the State Education Department.
- Be enrolled as a full-time student taking 12 or more credits per semester.
- Be matriculated in an approved program of study and be in good academic standing.
- Have at least a cumulative "C" average after receipt of two annual payments.
- Not be in default on a student loan guaranteed by HESC or on any repayment of state awards.

Awards are made for full-time undergraduate study at approved colleges and other postsecondary institutions in New York State. Awards are made for study in:

- Collegiate programs of at least one year's duration leading to a degree, diploma, or certificate.
- Hospital programs leading to licensure or certification in nursing or other fields of medical or health technology.
- Two-year programs in registered private business schools.

Scholarship Amounts

Flight 3407 Memorial Scholarships provide funds to help meet the cost of attending college.

The award covers up to four years of full-time undergraduate study (or five years in an approved five-year bachelor's degree program) and includes the following components:

- At a public college or university (SUNY or CUNY): actual tuition and mandatory educational fees; actual room and board charged to the student for students living on campus or an allowance for room and board for commuter students; and allowances for books, supplies, and transportation.
- At a private institution: an allowance equal to SUNY four-year college tuition and mandatory educational fees (or student's actual tuition and fees, whichever is less) and allowances for room and board, books, supplies, and transportation.

Receipt of other grants and scholarships may reduce the Flight 3407 Memorial Scholarship award; the total of all aid received cannot be greater than the student's cost of attendance.

Line Instructions

Answer all questions in this supplement.

Complete lines 1 – 11 pursuant to the following instructions:

- 1-6. Enter the requested information for the student applicant. Provide an address within the United States. If you do not have a U.S. address, provide the best address for you to receive mail.
- 7. Enter the month and year the student will or did begin college. Provide the name of the school if known.
- 8. Indicate the relationship of the student to the deceased.
Supporting Documentation required:
 - Child – a copy of the birth certificate or evidence of dependency.
 - Spouse – a copy of marriage license.
 - Financial dependent – documents proving shared finances, such as joint ownership of bank accounts, other personal or real estate property, credit cards, or renter's lease; or other evidence of financial dependence or mutual interdependence.
- 9-11. Enter the information requested regarding the deceased. Attach supporting documentation showing that death was the direct result of Continental Airlines Flight 3407's crash in Clarence, New York, on February 12, 2009.

Applicant Affirmation and Consent to Disclose: enter your signature and date.

Filing and Payment Instructions

This Supplement may be submitted, and eligibility for a Flight 3407 Memorial Scholarship may be established at any time. Once you have established your eligibility and are assigned an account number by HESC, you must do one of the following by June 30 of each academic year to request payment:

Current New York State residents – complete the Free Application for Federal Student Aid (FAFSA) and apply for the NYS Tuition Assistance Program (TAP). FAFSA and TAP on the Web applications and instructions are available online at www.hesc.ny.gov. (See Find Aid).

If you are not a resident of New York State – contact the HESC Scholarship Unit at Scholarships@hesc.ny.gov to request a Scholarship and Grant Payment Application.

Since all documentation is retained by HESC, submit only copies, not original documents. Failure to provide complete or legible documentation could result in a delay in the determination of your eligibility for this scholarship.

Mail your supplement & required documentation to:

NYS Higher Education Services Corporation
Scholarship Unit
99 Washington Ave, Rm. 1435
Albany, NY 12255

**CONTACT HESC SCHOLARSHIP UNIT
AT Scholarships@hesc.ny.gov
IF YOU HAVE ANY QUESTIONS**