



EXCELSIOR SCHOLARSHIP PROGRAM
INCOME ELIGIBILITY DETERMINATION FORM

If you were recently notified of your ineligibility for the Excelsior Scholarship because your household federal adjusted gross income (AGI) is greater than \$125,000, and your income was adversely affected due to a disability, divorce or separation of the applicant, parent or spouse or the death of a parent or spouse occurring prior to the start of the academic year, you may be eligible to use your current income to establish income eligibility.

To request a review of your eligibility based on your current income, complete sections I through II of this form. Upload the completed form and all required documentation as instructed in section II to: https://www.hesc.ny.gov/ExcelsiorIncomeAppeals.

*Please note for the purpose of determining final income eligibility, all required information and documentation must be provided when submitting the Income Eligibility Determination Form.

The eligibility determination made upon review of your documentation will be based on the Excelsior Scholarship rules as found in Education Law § 669-H and 8 NYCRR 2201.18.

I. STUDENT INFORMATION

- 1. Name (Last, First, MI):
2. SSN (last four digits):
3. Date of birth:

II. BASIS OF ELIGIBILITY REVIEW

Check the basis for your review and provide the documentation as indicated.

All applicants must provide the following documentation:

- Copy of the most recent pay stub for their surviving or custodial parent, or the applicant’s most recent pay stub for married applicants
o Indicate payment frequency: weekly, biweekly, semimonthly, or monthly
• Documentation showing any pension income received by the applicant or the applicant’s parent(s), if applicable
• Copy of the most recent W-2 and 1099 forms received and NYS personal income tax returns filed by applicant and applicant’s parent(s) or spouse, as applicable.

In addition, based on the reason for which the review is being sought, applicants must provide the following additional documentation:

| | REASON | REQUIRED DOCUMENTATION |
|--|--|---|
| | Death of a parent or spouse | Death Certificate and Statement of Relationship |
| | Divorce of a parent or the applicant | Divorce Decree filed with the Court |
| | Separation of a parent or the applicant | Separation Decree or Separation Agreement filed with the Court |
| | Total and permanent physical or mental disability of a parent, spouse or applicant | <ol style="list-style-type: none"> 1. Physician's statement, including: <ol style="list-style-type: none"> a. Certification that the disability is total and permanent b. Date parent, spouse or applicant became totally and permanently disabled 2. Documentation of Social Security Disability (SSI) benefits for disabled applicant, parent or spouse, if applicable |

STUDENT AFFIRMATION (Required)

By my signature below, I affirm, under penalty of perjury, the information I provided, and any supporting documentation submitted are true and complete and will be accepted for all purposes as the equivalent of a sworn affidavit.

Student Signature: _____ **Date:** _____