# Aid for Part-Time Study (A.P.T.S.) Application

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Sul	bmit comple	eted applica	tion to your	school	's Fina	ncial <i>i</i>	Aid Offi	ce						
SC	HOOL NAMI	E												
1.	Social Secui	rity Number						h (Use r Day	numbe Year(C		<i>(</i> )			
3.	Last Name						Firs	st Name	<u>!</u>				MI	
4.	Address: nu	mber, street,	apartment											
1	City or Town						<u> </u>			State	Z	ip Code	)	
		ne Number [					Work P	hone Nı	umber					
	E-mail Addre	ess												
5.	Are you a	legal reside	ent of New Y	ork Sta	t <b>e?</b> (S	ee inst	ructions	on pag	je 1.)		YES	□ NO		
6.	Check the	=	<b>oplies to you</b> e Non-Citizei	•				2.) gible No	on-Citiz	zen				
7.	. Marital sta	atus (Check d	only one box)											
	Single	☐ Marrie	ed 🗌 Se	parated	l/Divor	ced/Wi	dowed							
8.	3. If married, enter the date you were married. If separated/divorced or widowed, give earliest date on which you were separated/divorced or widowed.  Month Year(CCYY)													
9.	. Have you g		r will you gra		om hiç	gh scho	ool in the	e United	d State:	s; or h	ave yo	u recei\	ved or wi	l you
10.	Will all or p	art of vour tu	uition charges	s be pai	d or re	imburs	ed by a	ın emplo	over?	☐ YE	s□	NO		
	•	er amount if k	-											
ΔΡ	PLICANT/S	POUSE (IF N	//ARRIED) <b>IN</b>	COME	STATI	EMENT	Γ <b>-</b> (ΔII a	nnlicant	e muet	t answ	er Oue	etions 1	11 and 1:	21
		•	and income,				•							)
		es provided.	and income,	WITICIT	s your	COMBI	neu tax	able IIIC	ome ai	na req	unea p	ension	income,	
			nt's Separate				Spou	se's Sepa	arate In	ncome (	Only			
		Exemptions			_		Exempt	ions	Inco	me				
			\$ DOLLARS	.00 Cents				\$	DOLLAF		00 ents	I		

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12.	Were you eligible to be claimed or were you claimed as a dependent on your parents' New York State or federal tax return for the previous year?  1  YES - If yes, YOU MUST REPORT PARENTS' INCOME below.											
	2 🗌 NO	O - If no, read and sign to sign and enter Social check this box.	he affirmation on I Security numbe	the bottom o r. If you have	f this page a dependents	nd if married, of your own	your spou other than	use mus a spous	t also se,	)		
	depe	u answered "YES" to qu endent, you must report ents) filed a tax return as	t parental income	in question	l 4. If your pa	rentš (steppa	arents, ado	as a tax optive	<b>(</b>			
13.	is decea	BION OF PARENTS' INC used, report in question 1 tody or would have had	4 the income of	the parent wi	orced, separ th whom you	ated, never n lived most ir	narried or on the previ	one of your	our p r or w	arents /ho		
	mother) the amo	ELUDE THE INCOME OF give the reason by chec unt of support received on/divorce.	king the appropr	iate box. Ent	er the date o	f déath or se <sub>l</sub>	oaration/di	vorce ar				
	To exclu	ide <b>FATHER's</b> Income	1 ☐ FATHER of 2 ☐ separated		GIVE EAR	LIEST DATE	Month	Year				
	To exclu	ide MOTHER's Income		deceased or divorced	GIVE EAR	LIEST DATE	Month `	Year				
		Amount - Enter the amo noome is to be excluded			u from the pa	arent \$	DOLLARS	.00 Cents				
		Any separation must be leeparation which is filed				nent of						
14.	ENTER	PARENTS' EXEMPTION	NS AND INCOMI	E IN THE BO	XES PROVID	DED.	C	FFICE US	E ON	LY		
		r's Separate Income nt Income with Mother	Mother's Sep	oarate Incom	e		A	,		.00		
	Exempti		Exemptions	Income			s	<del>                                     </del>		.00		
		\$ .00	\$	, .00			T			.00		
		DOLLARS Cents		OOLLARS Cen	s			DOLLA	RS	Cents		
15.	AFFIRM complete statement release to consent and Final	RSONS WHOSE INCOM ATION - I hereby certify e. This information will be nt, shall subject me to th to Higher Education Ser to the verification by HE ance to release to HESC information as may be p	that all the inform e accepted for all le same penalties vices Corporation (SC of any staten c certified copies	nation provid I purposes as s for perjury a n (HESC) any nent made he of my person	ed by me upon the equivalents if I had been information erein and aut al income tax	on this applicent of an afficent of an afficent of an afficent of an afficent of the Minds of th	ation is ac lavit and, i n. I authori ertinent to /S Departi ensent to ti	curate a f it conta ze the se this app ment of ne relea	ind iins a choo licatio Taxal se by	t false I to on. I tion / HES		
	Student'	s Signature	Date	•								
	<u>Ot. 1 ''</u>	- 0		Spouse's SSN								
	Student	s Spouse's Signature	Date	Father's				st 3 Letter ther's	s of			
	Eather's	Cianatura	Date	SSN			La	st Name				
	ı-ainei S	Signature	Date	Mother's			Mo	st 3 Letter other's	s of			
				SSN	1 1			at Nama				
	Mother's	Signature	Date				La	st Name				
	Mother's	Signature BRING OR MAIL THE			TO YOUR S	SCHOOL'S F			FICE	<b>E.</b>		

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# Instructions for Preparing an Application for Aid for Part-Time Study

**WHAT IS APTS?** The AID FOR PART-TIME STUDY program is a grant program financed by New York State in conjunction with participating educational institutions throughout the state. The program provides up to \$2,000 per year to help part-time undergraduate students meet their educational expenses.

WHO IS ELIGIBLE FOR APTS? To be considered for an APTS award, a student must:

- Be a United States citizen or eligible noncitizen
- Be a legal resident of New York State
- Have graduated from a 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 part-time student
- Be matriculated in an approved program of study in a participating New York State secondary institution
- Be in good academic standing; Have achieved at least a cumulative "C" average after having received the equivalent of two full years of payment of state-sponsored student financial aid
- Be charged at least \$1 00 tuition per year
- Not have exhausted Tuition Assistance Program (TAP) eligibility
- Not be in default on a student loan guaranteed by HESC or on any repayment of state awards
- Meet income eligibility limitations

**NOTE:** In addition to the above, students who received a state-sponsored award for the first time in the 1996-97 academic year and thereafter must be a high school graduate, or receive the equivalent of a high school certificate, or receive a passing grade on a federally approved examination.

WHAT ARE THE INCOME LIMITS? Income means the taxable income as taken from the New York State income tax return plus any state, local or federal pension income.

- If you were claimed as a tax dependent by your parents, family income (i.e., taxable income of student and parents) cannot exceed \$50.550.
- If you were not eligible to be claimed as a tax dependent by your parents, income (i.e., taxable income of student and/or spouse, if married as of December 31st) cannot exceed \$34,250.
- If you were not eligible to be claimed as a tax dependent by your parents but you were eligible to claim dependents of your own other than yourself and/or your spouse, income (i.e., taxable income of student and spouse) cannot exceed \$50,550.

HOW DOES A STUDENT APPLY FOR AID FOR PART-TIME STUDY? Complete the application using these instructions. Mail or bring the completed application to your school's financial aid office. Do not return the application to Higher Education Services Corp. This will delay consideration of your application.

Read the instructions before making any entries. If you need further help, or if you need clarification of a particular issue, contact your Financial Aid Officer.

1-4. SOCIAL SECURITY NUMBER, DATE OF BIRTH, NAME, ADDRESS, EMAIL ADDRESS. Enter all the information requested.

## 5. NEW YORK STATE RESIDENT.

- Check YES if any of the following apply to you...
  - you now reside in New York State AND will be an undergraduate AND you lived in New York State for the last 2 terms of high school, or
  - you were a legal resident when you entered military service, Vista or Peace Corps AND have reestablished New York State residency within 6 months after release from such service, or
  - you have resided in New York State for at least 12 months immediately preceding the first term for which you are seeking aid AND have established domicile (permanent residence) in New York State.
  - If the student is a member of the armed forces who is not a legal resident of New York State but who is stationed on full-time active duty in New York State, the residency requirement is waived effective with the 2005-06 academic year. To qualify for the waiver, the student must submit official documentation confirming full-time active duty status and duty station.
  - If the student is the spouse or dependent of a member of the armed forces who is not a legal resident of New York State but who is stationed on full-time active duty in New York State, the residency requirement is waived effective with the 2005-06 academic year. The student must submit official documentation confirming both full-time duty status and duty station of the member of the armed forces and the student's status as spouse or dependent of that person.
- Check NO if...
  - you are financially dependent on your parents and neither of them is a New York State resident, or
  - your parents are separated or divorced and the parent with whom you are living is not a New York State resident, or
  - you reside in New York State for the sole purpose of attending college, or
  - none of the above conditions apply to you.
- **6. UNITED STATES CITIZENSHIP OR ALTERNATE REQUIREMENTS.** Check the box that applies to you. You must check one of the three boxes. Proof of your status may be required.

- 7-8. MARITAL STATUS. Check the box that applies to you. If you were married as of December 31st, you must report income information for your spouse in question 11. Enter the month and year you were married or, if separated/divorced or widowed, give earliest date on which you were separated/divorced or widowed. If you are other than SINGLE, enter your spouse's Social Security Number in item 15. (NOTE: Any separation must be by judicial decree or pursuant to an agreement which is filed by a court of competent jurisdiction.)
  - 9. CHECK "YES" if you have graduated or will graduate from high school or if you received or will receive a General Education Development (GED) certificate. You may also check "Yes" if you received a passing score on a federally approved examination which demonstrates your ability to benefit from the education being offered. Otherwise, check "No."
- 10. EMPLOYER REIMBURSEMENT. Awards under this program are limited by the actual tuition paid by the student. In considering a student for an award, the institution must take into account other sources of financial aid available.
  - Check YES If your employer has paid, or will reimburse, all or part of your tuition for the term(s) for which this
    application for APTS is made, and enter amount of reimbursement, if known.
  - Otherwise, check NO.

#### 11. ENTER YOUR INCOME IN THE BOXES PROVIDED.

When completing questions eleven (11) applicant/spouse income and fourteen (14) parents' income you must include any state, local or federal pension income not reported on your NYS tax return. For purpose of completing this application the term "income" will be the sum of the pension income added to the NYS taxable income as reported on your state tax return. Enter the "income" on the appropriate line of either question 11 or 14.

NOTE: If a state tax return was not filed because your only income was non-taxable pension income, you may reduce the amount of pension income reported on this application. You may deduct the standard deduction and personal exemption that you would have been allowed if you had other income of which to report on your NYS tax form. If your income was or would have been zero (0) subtract the standard deduction and personal exemptions from the pension income before completing questions eleven (11) applicant/spouse income and fourteen (14) parents' income.

#### 12. WERE YOU CLAIMED AS A TAX DEPENDENT?

- Check YES and report your parents' income on page 2 of the application if you were claimed as a dependent on your parent's tax return.
- Check NO and sign the affirmation on page 2 of the application if you were not eligible to be claimed as a dependent by your parents. (If married, your spouse must also sign the application.) If you have checked NO but have dependents of your own other than your spouse, also check the second box as indicated.
- NOTE: If you were not claimed as a tax dependent on your parent's tax return, you must still report your parents' income in question 14 if you could have been claimed but were not. The criteria for determining whether or not you could have been claimed are detailed in the instruction booklet for filing state and federal tax returns. Generally, you were eligible to be claimed as a dependent if:
  - you were single, and
  - your parent or parents provided more than one-half of your support in the previous year, and
  - ýour gross income was less than \$3,000. If your income was more than \$3,000, you could still have been claimed if you were under 19 years of age or you were under 24 years of age and a full-time student.
- **13. EXCLUSION OF PARENTS' INCOME.** Report in question 14 the income of the parent with whom you lived most last year or who had custody or would have had custody if you were a minor.
  - The income of a parent can be excluded in the cases of death, divorce or separation which occurred before December 31st. You should check the appropriate box in question 13 and enter the date and amount of support received on your behalf. (NOTE: Any separation must be by judicial decree or pursuant to an agreement of separation which is filed by a court of competent jurisdiction.)
- 14. PARENTS' INCOME. The instructions for reporting income information are the same as appear in question 11. Report the following incomes: father's (stepfather's, adoptive father's) income and mother's (stepmother's, adoptive mother's) income. If you excluded the income of one parent in question 13, report the income of the other parent in question 14. In addition, enter Social Security Numbers as appropriate in the AFFIRMATION Section.
- 15. AFFIRMATION. You MUST sign the application. In addition, if you are married, your spouse must sign and give his/her Social Security Number. If your parents were required to provide income information in question 14, they must sign and give their Social Security Numbers and the first three letters of their last name. In signing this AFFIRMATION you are acknowledging that you have read, understood and accepted the conditions described in the AFFIRMATION appearing on the application form.

### DISCLOSURE OF SOCIAL SECURITY NUMBERS

Disclosure of your Social Security Number and the Social Security Numbers of members of your family is mandatory and has been authorized by NYS Education Law § 661 subdivision (2).

We need these numbers to verify your identity, to process your application, to keep track of your records and to verify reported incomes from the New York State Department of Taxation and Finance.

#### NO DISCRIMINATION ON THE BASIS OF DISABILITY

We do not discriminate against handicapped persons in our employment practices or in the administration of our programs, activities or services.