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

### Academic Year 2 0 -

| Sul  | omit o   | completed             | applica    | tion to yo  | our sch | nool's                     | Finan         | cial Aid  | Office    |        |                      |           |         |          |        |    |
|------|--|-----------------------|------------|-------------|---------|----------------------------|---------------|-----------|-----------|--------|----------------------|-----------|---------|----------|--------|----|
| SCI  | HOOL   | NAME                  |            |             |         |                            |               |           |           |        |                      |           |         |          |        |    |
|      |  |                       |            |             |         |                            |               |           |           |        |                      |           |         |          |        |    |
| 1. 5 | Social   | I Security N          | lumber     |             |         |                            | 2.            | Date of   | Birth (L  | Jse nu | umbers               | only)     |         |          |        |    |
|      |  |                       |            |             |         |                            |               |           |           |        |                      |           |         |          |        |    |
|      |  |                       |            |             |         |                            |               | Month     | Day       | Υ      | ear(CCY              | Y)        |         |          |        |    |
| 3.   | Last N   | lame                  |            |             |         |                            | 1             |           | First N   | ame    |                      |           |         |          | MI     |    |
|      |  |                       |            |             |         |                            |               |           |           |        |                      |           |         |          |        |    |
| 4.   | Addre  | ess: numbe            | r, street, | apartme     | nt      |                            |               |           |           |        |                      |           |         |          |        |    |
|      |  |                       |            |             |         |                            |               |           |           |        |                      |           |         |          |        |    |
| (    | City o   | r Town                |            |             |         |                            | -             |           |           | 1      | Sta                  | te        | Zip (   | Code     |        | _  |
|      |  |                       |            |             |         |                            |               |           |           |        |                      |           |         |          |        |    |
|      | Home Phone Number Work Phone Number  |                       |            |             |         |                            |               |           |           |        |                      |           |         |          |        |    |
|      | E-mail Address   |                       |            |             |         |                            |               |           |           |        |                      |           |         |          |        |    |
| 5    |  | you a lega            |            | nt of Nev   | w Vork  | State                      | <b>2</b> (So. | o inetrue | tions on  | nage   | . 1 \                | YE        | · C     | NO       |        |    |
|      |  | -                     |            |             |         |                            | •             |           |           | page   | <i>5</i> 1. <i>)</i> | 1.        | .5      | NO       |        |    |
| 0.   |  | ck the box<br>Citizen | -          | e Non-Cit   |         |                            |               | Citizen d | •         | e Nor  | n-Citizer            | 1         |         |          |        |    |
| 7.   | Mar  | ital status           | (Check o   | nly one bo  | ox)     |                            |               |           |           |        |                      |           |         |          |        |    |
|      | l  | Jnmarried (           | (single, c | divorced o  | or wido | wed)                       |               | Married   | :         | Sepai  | rated                |           |         |          |        |    |
| 8.   | If ma  | arried, ente          | r the dat  | te you we   | ere mar | ried. If                   | separ         | ated/div  | orced o   | r widc | owed,                |           |         |          |        |    |
|      | 8. 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.   | Hav  | e you grad            | uated, o   | r will you  | gradua  | ite fron                   | n high        | school;   | or have   | you i  | received             | l or will | you re  | eceive a | a GED? | )  |
|      |  | YES N                 |            | -           |         |                            |               |           |           |        |                      |           |         |          |        |    |
| 10.  | Will   | all or part o         | of vour tu | iition char | raes be | paid o                     | or rein       | nbursed   | bv an e   | volam  | ver? □               | YES       |         | )        |        |    |
|      |  | s, enter an           | •          |             | J       | •                          |               |           | J         | , ,    | ,                    |           |         |          |        |    |
| ΑP   | PLIC/  | ANT/SPOU              | SE (IF N   | MARRIED     | ) INCO  | ME ST                      | ATEN          | //ENT - ( | All appli | cants  | must a               | nswer (   | Ouestic | ons 11   | and 12 | .) |
|      |  |                       |            |             |         |                            |               |           |           |        |                      |           |         |          |        | ., |
|      | 11. Enter exemptions and Net Taxable Income (NTI) in the boxes provided.  Applicant's Separate NTI  Separate NTI Only  |                       |            |             |         |                            |               |           |           |        |                      |           |         |          |        |    |
|      | OR Joint NTI with Spouse   |                       |            |             |         | Spouse's Separate NTI Only |               |           |           |        |                      |           |         |          |        |    |
|      |  | Exemptions            |            | icome       |         |                            | Exe           | mptions   | Ind       | come   |                      |           |         |          |        |    |
|      |  | \$                    |            | .00         |         |                            |               | \$        | ,         |        | .00                  |           |         |          |        |    |
|      |  |                       | DOLL       | .ARS Cer    | nts     |                            |               |           | DOLL      | ARS    | Cents                |           |         |          |        |    |

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| 12.  | 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 - If no, read and sign the affirmation on the bottom of this page and if married, your spouse must also sign and enter Social Security number. If you have dependents of your own other than a spouse, check this box.  |   |   |                                       |  |  |  |  |  |  |  |
|  | dependent, you must report   | estion 12, that is, you were classified income in question married, you must report total | <ol><li>14. If your parents (steppa</li></ol> | e claimed as a tax<br>rents, adoptive |  |  |  |  |  |  |  |
| 13.  | EXCLUSION OF PARENTS' INCOME - If your parents are divorced, separated, never married or one of your parents is deceased, report in question 14 the income of the parent with whom you lived most in the previous year or who had custody or would have had custody if you were a minor. |   |   |                                       |  |  |  |  |  |  |  |
| TO EXCLUDE THE INCOME OF YOUR FATHER (Stepfather, adoptive father) OR MOTHER (stepmother, adomother) give the reason by checking the appropriate box. Enter the date of death or separation/divorce and enthe amount of support received if separated/divorced. Only one parent's income can be excluded for separation/divorce. |  |   |   |                                       |  |  |  |  |  |  |  |
|  | To exclude <b>FATHER's</b> Income  | <ul><li>1 ☐ FATHER deceased</li><li>2 ☐ separated or divorced</li></ul>                   | GIVE EARLIEST DATE                            | Month Year                            |  |  |  |  |  |  |  |
|  | To exclude MOTHER's Income   | 1 ☐ MOTHER deceased 2 ☐ separated or divorced   | GIVE EARLIEST DATE                            | Month Year                            |  |  |  |  |  |  |  |
|  | Support Amount - Enter the amound whose income is to be excluded   |   | ou from the parent \$                         | DOLLARS Cents                         |  |  |  |  |  |  |  |
|  |  |   |   |                                       |  |  |  |  |  |  |  |
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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 award, a student must:

- be working toward an undergraduate degree or enrolled in a registered certificate program as a part-time student enrolled for 3 but fewer than 12 semester hours per semester (or 4 but fewer than 8 semester hours per trimester)
- maintain good academic standing including having 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 a resident of New York State
- be either a U.S. citizen, permanent resident alien, or refugee
- meet the income limits (see below)
- not have used up Tuition Assistance Program (TAP) eligibility
- have a tuition charge of at least \$100 per year
- not be in default of a Federal Family Education Loan

**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 net taxable income as taken from the New York State income tax return.

- If you were claimed as a tax dependent by your parents, family income (i.e., net 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., net 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., net 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. 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.
- 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 Net Taxable Income (NTI) in the boxes provided. Contact your Financial Aid Office if you have any questions.
- 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