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

Academic Year 2 0 1 4 - 1 5

Submit completed application to your school's Financial Aid Office

SCHOOL NAME TROCAIRE COLLEGE

1. Social Security Number

2. Date of Birth (Use numbers only)
Month Day Year(CCYY)

3. Last Name First Name MI

4. Address: number, street, apartment

City or Town State Zip Code

Home Phone Number Work Phone Number

E-mail Address

5. Are you a legal resident of New York State? (See instructions on page 1.) ☐ YES ☐ NO

6. Check the box that applies to you (See instructions on page 2.)
☐ Citizen ☐ Eligible Non-Citizen ☐ Not a Citizen or Eligible Non-Citizen

7. Marital status (Check only one box)
☐ Single ☐ Married ☐ Separated/Divorced/Widowed

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. Have you graduated, or will you graduate from high school in the United States; or have you received or will you receive a GED? ☐ YES ☐ NO

10. Will all or part of your tuition charges be paid or reimbursed by an employer? ☐ YES ☐ NO
If yes, enter amount if known $_____

APPLICANT/SPOUSE (IF MARRIED) **INCOME STATEMENT -** (All applicants must answer Questions 11 and 12.)

11. Enter your exemptions and income, which is your combined taxable income and required pension and annuity income, in the boxes provided.

Applicant's Separate Income OR Joint Income with Spouse	
Exemptions	Income
	$, .00
	DOLLARS Cents

Spouse's Separate Income Only	
Exemptions	Income
	$, .00
	DOLLARS Cents

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. ☐

> If you answered "YES" to question 12, that is, you were claimed or were eligible to be claimed as a tax dependent, you must report parental income in question 14. If your parents (stepparents, adoptive parents) filed a tax return as married, you must report total income for both parents.

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, adoptive mother) give the reason by checking the appropriate box. Enter the date of death or separation/divorce and enter the amount of support received if separated/divorced. Only one parent's income can be excluded for separation/divorce.

To exclude **FATHER's** Income — 1 ☐ FATHER deceased — 2 ☐ separated or divorced — 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 amount of support received for you from the parent whose income is to be excluded. **If none, enter zero.** $ ☐,☐☐☐ .00 (DOLLARS / Cents)

(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. ENTER PARENTS' EXEMPTIONS AND INCOME IN THE BOXES PROVIDED.

Father's Separate Income OR Joint Income with Mother	
Exemptions	Income
☐☐	$ ☐,☐☐☐ .00 (DOLLARS / Cents)

Mother's Separate Income	
Exemptions	Income
☐☐	$ ☐,☐☐☐ .00 (DOLLARS / Cents)

OFFICE USE ONLY	
A	☐,☐☐☐ .00
P	☐,☐☐☐ .00
S	☐,☐☐☐ .00
T	☐,☐☐☐ .00 (DOLLARS / Cents)

15. ALL PERSONS WHOSE INCOMES ARE LISTED IN QUESTIONS 11 AND 14 must read and sign the affirmation. AFFIRMATION - I hereby certify that all the information provided by me upon this application is accurate and complete. This information will be accepted for all purposes as the equivalent of an affidavit and, if it contains a false statement, shall subject me to the same penalties for perjury as if I had been duly sworn. I authorize the school to release to Higher Education Services Corporation (HESC) any information requested pertinent to this application. I consent to the verification by HESC of any statement made herein and authorize the NYS Department of Taxation and Finance to release to HESC certified copies of my personal income tax returns. I consent to the release by HESC of such information as may be provided by law or regulation in the course of financial aid program administration.

Student's Signature _____ Date _____

Student's Spouse's Signature _____ Date _____

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Spouse's SSN ☐☐☐ ☐☐ ☐☐☐☐

Father's SSN ☐☐☐ ☐☐ ☐☐☐☐ — First 3 Letters of Father's Last Name ☐☐☐

Mother's SSN ☐☐☐ ☐☐ ☐☐☐☐ — First 3 Letters of Mother's Last Name ☐☐☐

BRING OR MAIL THE COMPLETED APPLICATION TO YOUR SCHOOL'S FINANCIAL AID OFFICE.

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 $100 tuition per year
- Not have exhausted Tuition Assistance Program (TAP) eligibility
- Not be in default on a Federal or State student loan or on any repayment of state awards
- Meet income eligibility limitations

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 and annuity income, if applicable.

- 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, as defined by the commissioner of the State Education Department, 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 and annuity income not reported on your NYS tax return. For purpose of completing this application the term "income" will be the sum of the pension and annuity 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
- your gross income was less than $3,700. If your income was more than $3,700, 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.