

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

Academic Year 2 0 -

Submit completed application to your school's Financial Aid Office

SCHOOL NAME Fulton-Montgomery Community 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)
 Unmarried (single, divorced or widowed) Married Separated

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; 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 exemptions and Net Taxable Income (NTI) in the boxes provided.

Applicant's Separate NTI OR Joint NTI with Spouse	
Exemptions	Income
	\$.00 <small>DOLLARS Cents</small>

Spouse's Separate NTI Only	
Exemptions	Income
	\$.00 <small>DOLLARS Cents</small>

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 GIVE EARLIEST DATE

Month	Year		

2 separated or divorced

To exclude **MOTHER's** income

1 MOTHER deceased GIVE EARLIEST DATE

Month	Year		

2 separated or divorced

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 NET TAXABLE INCOME (NTI) IN THE BOXES PROVIDED.

Father's Separate NTI OR Joint NTI with Mother																	
Exemptions	Income																
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						.00											
DOLLARS						Cents											

Mother's Separate NTI																	
Exemptions	Income																
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OFFICE USE ONLY						
A						.00
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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													
		Spouse's SSN	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											
Student's Spouse's Signature	Date													
		Father's SSN	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> First 3 Letters of Father's Last Name <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>											
Father's Signature	Date													
		Mother's SSN	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> First 3 Letters of Mother's Last Name <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>											
Mother's Signature	Date													

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 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 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 \$2,900. If your income was more than \$2,900, 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.