# 2022-2023 Aid for Part Time Study (APTS)

LAST       FIRST       M.L       Date of Birth:/         APTS is a New York State grant program to assist part time students attending college in New York.       Imited to New York residents or active duty military members stationed in New York and their families.         Please Note: If you are receiving military tution assistance, depending on the amount you receive, you not be eligible for APTS or eligibility may be limited.         Check List!         I have completed the APTS application.         I have submitted a signed 2020 New York State tax return (IT-201). If you did not file a New York State tax return, please provide us with a signed copy of your 2020 federal tax return.         Please check here if you did not and will not file a 2020 Federal or NYS Income tax return.         an a New York resident – Or –         I am an active duty military member stationed in New York, or a family member (spouse, child, dependent) of a soldier stating the soldier is full time active duty and stationed in New York and have provided the following:	Name:				tudent ID# _		
limited to New York residents or active duty military members stationed in New York and their families.         Please Note:       If you are receiving military tuition assistance, depending on the amount you receive, you not be eligible for APTS or eligibility may be limited.         Check List!       I have completed the APTS application.         I have submitted a signed 2020 New York State tax return (IT-201). If you did not file a New York State tax return, please provide us with a signed copy of your 2020 federal tax return.        Please check here if you did not and will not file a 2020 Federal or NYS Income tax return.         I am an Ative duty military member stationed in New York, or a family member (spouse, child, dependent) of a soldier stationed in New York and have provided the following:         • A copy of my spouse's (or parent's) orders assigning them to New York or a letter from commanding officer stating the soldier is full time active duty and stationed in New York and have provided the following:         • A copy of my spouse's (or parent's) orders assigning them to New York or a letter from commanding officer stating the soldier is full time active duty and stationed in New York and have provided to your degree program.         I am enrolled for a minimum of 3 credit hours, maximum of 11.5 credit hours. Please note: Classes must applicable to your degree program.         I certify that I have read and understand the above requirements and that all of the information provided is true and complete to the best of my knowledge.         Signature:	LAST	FIRST	Ν	M.I. D	ate of Birth: _	/	/
I have submitted a signed 2020 New York State tax return (IT-201). If you did not file a New York State tax return.         Please check here if you did not and will not file a 2020 Federal or NYS Income tax return.         I am a New York resident – Or         I am a na active duty military member stationed in New York, or a family member (spouse, child, dependent) of a soldier stationed in New York and have provided the following:         • A copy of my spouse's (or parent's) orders assigning them to New York or a letter from commanding officer stating the soldier is full time active duty and stationed in New Yor         I am entriculated student in the	limited to New York <u>Please Note</u> : If you not be eligible for AP	residents or ac are receiving m	tive duty militanilitary tuition a	ry members sta ssistance, depe	ationed in New	York and	their families.
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A copy of my spouse's (or parent's) orders assigning them to New York or a letter from commanding officer stating the soldier is full time active duty and stationed in New Yor I am a matriculated student in the program.     I am enrolled for a minimum of 3 credit hours, maximum of 11.5 credit hours. Please note: Classes must applicable to your degree program.     I certify that I have read and understand the above requirements and that all of the information provided is true and complete to the best of my knowledge.     Signature: Date: Date: Date:	I am an active duty	military mem	ber stationed i	in New York, c	or a family men	nber (sp	ouse, child,
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provided is true and complete to the best of my knowledge.         Signature:	applicable to your de	Bree program.					
Signature:							
Submit your completed application in person or mail to:         Enrollment Services, Jefferson Community College, 1220 Coffeen Street, Watertown, NY 13601.         APTS funds are limited so it is important to apply early.         Recommended filing dates are July 1 for the semester and December 1 for the spring semester. If the recommended filing date has pas applications will continue to be accepted until all funds are awarded. Incomplete applications will not considered.	I certify that I have r	ead and under	rstand the abov	ve requiremen	nts and that all o	of the inf	ormation
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## Aid for Part-Time Study (A.P.T.S.) Application

	Academic Year 2	0	2	2	-	2	3	]
Sub	Submit completed application to your school's Fina	ancial A	id Offic	e				
SCH								]
<b>1.</b> \$	1. Social Security Number 2. Student ID	)						
<b>3</b> . [	3. Date of Birth (Use numbers only)							
<b>4.</b> L	4. Last Name		First	Name				MI
<b>5.</b> /	5. Address: number, street, apartment							
( 	City or Town				, 1 [	State		Zip Code
	Home Phone Number	\ \	Nork Ph	one Nı	ımber			
Ę	E-mail Address				, ,			
6.	6. Are you a legal resident of New York State? (S	See instr	uctions	on pag	e 1.)		YES	□ NO
7.	7. Check the box that applies to you (See instruct         Citizen       Eligible Non-Citizen         Not	ions on a Citizei			n-Citi	zen		
8.	8. Marital status (Check only one box)	ced/Wid	owed					
9.	9. If married, enter the date you were married. If sep give earliest date on which you were separated/di				owed	,	Month	Year(CCYY)
10.	10. Have you graduated, or will you graduate from hiç receive a GED? YES INO	gh scho	ol in the	United	State	s; or l	nave yo	ou received or will you
11.	<ol> <li>Will all or part of your tuition charges be paid or re If yes, enter amount if known \$</li> </ol>	eimburse	ed by an	i emplo	yer?	□ Y	ES 🗌	] NO

APPLICANT/SPOUSE (IF MARRIED) INCOME STATEMENT - (All applicants must answer Questions 12 and 13.)

12. Enter your exemptions and income, which is your combined taxable income and required pension and annuity income, in the boxes provided. For the 2022-2023 academic year students will use prior-prior tax data (2020 tax information) to complete both their federal and New York State financial aid applications. Prior-prior year data will also be used when completing the APTS application for 2022-2023.

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

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

T

- **13.** 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 13, that is, you were claimed or were eligible to be claimed as a tax dependent, you must report parental income in question 15. If your parents (stepparents, adoptive parents) filed a tax return as married, you must report total income for both parents.

14. 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 PARENT1 (Stepparent, adoptive parent) OR PARENT2 (stepparent2, adoptive parent2) 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 PARENT1 <b>'s</b> Income	1 2	Deceased separated or divorced	GIVE EARLIEST DATE (use numbers only)	Month / Year (CCYY)
To exclude PARENT2 <b>'s</b> Income	1 2	Deceased separated or divorced	GIVE EARLIEST DATE (use numbers only)	Month / Year (CCYY)
Support Amount - Enter the amo whose income is to be excluded.			ı from the parent \$	
(Note: Any separation must be b	ov i u	dicial decree or pursuant t	o an agreement of	

(Note: Any separation must be by judicial decree or pursuant to an agreement of separation which is filed by a court of competent jurisdiction.)

## 15. ENTER PARENTS' EXEMPTIONS AND INCOME IN THE BOXES PROVIDED.

For the 2022-2023 academic year students will use prior-prior tax data (2020 tax information) to complete both their federal and New York State financial aid applications. Prior-prior year data will also be used when completing the APTS application for 2022-2023.

Parent1's Separate Income OR Joint Income with Parent2	Parent2's Separate Income	P		,		.00
Exemptions Income	Exemptions Income	S		,		.00
\$	\$\$	Т	•	,		.00
				DOLL	ARS	Cents

OFFICE USE ONLY

## 16. ALL PERSONS WHOSE INCOMES ARE LISTED IN QUESTIONS 12 AND 15 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	
Student's Spouse's Signature	Date	First 3 Letters of
	Parent1's SSN	Parent1's Last Name
Parent1's Signature	Date	First 3 Letters of
	Parent2's SSN	Parent2's Last Name
Parent2's Signature	Date	

## 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.

1-5. SOCIAL SECURITY NUMBER, STUDENT ID, DATE OF BIRTH, NAME, ADDRESS, EMAIL ADDRESS. Enter all the information requested.

## 6. 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
- 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.

If you have selected that you are not a NYS resident, and/or not a citizen or eligible non-citizen, please complete this application form and complete the NYS DREAM Act application at <a href="https://nysdream.applyists.net/">https://nysdream.applyists.net/</a>

 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.
 HE8083 (Rev. 05/2022)

- 8-9. 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.)
- 10. 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."
- 11. 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.

## 12. 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. For the 2022-2023 academic year students will use prior-prior tax data (2020 tax information) to complete both their federal and New York State financial aid applications. Prior-prior year data will also be used when completing the APTS application for 2022-2023.

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.

## **13. 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 \$3,700. 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.

**14. 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.)

**15. 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. For the 2022-2023 academic year students will use prior-prior tax data (2020 tax information) to complete both their federal and New York State financial aid applications. Prior-prior year data will also be used when completing the APTS application for 2022-2023.

**16. 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

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.

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.