# SUNY SCHENECTADY

Financial Aid Office Elston Hall 221 78 Washington Avenue Schenectady, NY 12305 https://sunysccc.edu/financial Aid

# 2023-2024 AID FOR PART-TIME STUDY PROGRAM (APTS)

The Aid for Part-Time Study (APTS) program is meant for part-time students who demonstrate financial need.

# ALL FUNDING IS SUBJECT TO AVAILABILITY AND BASED ON A FIRST COME, FIRST SERVED POLICY

## To be considered eligible for APTS students must meet the following eligibility criteria:

- 1. Be a United States Citizen or Eligible Noncitizen
- 2. Be a legal resident of New York State
- 3. Have graduated from a high school in the United States, earned a GED, or passed a federrally approved "Ability to Benefit" test as defined by the Commissioner of the State Education Department
- 4. Be enrolled as a part-time student
- 5. Be matriculated in an approved program of study in a participating New York State secondary institution
- 6. Be charged at least \$100 tuition per year
- 7. Not have exhausted Tuition Assistance Program (TAP) eligibility
- 8. Not be in default on a Federal or State student loan or on any repayment of state awards
- 9. Meet income eligibility limitations:
  - a. INDEPENDENT (not eligible to be claimed as a tax dependent by parent(s)):
    - Single or Married (NO DEPENDENTS) NYS NET TAXABLE INCOME CANNOT EXCEED \$34,250
    - Single or Married (WITH DEPENDENTS) NYS NET TAXABLE INCOME CANNOT EXCEED \$50,550
  - b. DEPENDENT (eligible to be claimed by parents as tax dependent):
    - NYS NET TAXABLE INCOME OF STUDENT, SPOUSE AND PARENTS CANNOT EXCEED \$50,550
- 10. Signed application: Student must sign the application. If married, the student's spouse must sign and give their Social Security Number. If their parents were required to provide their information they must sign, give their social security number, and first three letters of their last name.
- Submit <u>SIGNED</u> copy of your (and your parents, if dependent) 2021 NYS Income Tax Return (Form IT-201). Those not filing a 2020 NYS tax return must submit a signed copy of their Federal Tax Return Transcript. If you did not file Federal or State taxes for 2021, you must submit a "Verification Worksheet" You can obtain a copy of this in the Financial Aid office or online https://sunysccc.edu/,Admissions/Paying-for-SUNY-Schenectady/,Financial-Aid/,Financial-Aid-Forms.html

Students awarded New York State Aid for Part-time Study (APTS) must complete a minimum number of college credits (based on NYS Academic regulations) and maintain a 2.0 or higher GPA and CQPA in order to be eligible to receive APTS the following semester.



# REMINDER: EARLY APPLICANTS ARE GIVEN PRIORITY CONSIDERATION.



Completed applications can be faxed, emailed, or hand delivered to the financial aid office.

SUNY Schenectady County Community College, Financial Aid 78 Washington Ave, Schenectady, NY 12305 (518) 381-1468 phone, (518) 381-1477 fax, fa@sunysccc.edu

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

	Academic Year 2 0 -
Sul	omit completed application to your school's Financial Aid Office
SC	
	Social Security Number     2. Student ID       Date of Birth (Use numbers only)     Image: Student in the image: Studen
	Month Day Year(CCYY)
4. I	Last Name MI
<b>5</b> . /	Address: number, street, apartment
	City or Town State Zip Code
	Home Phone Number
l	E-mail Address
6.	Are you a legal resident of New York State? (See instructions on page 1.)
7.	Check the box that applies to you (See instructions on page 2.)
8.	Marital status (Check only one box)
9.	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)
10.	Have you graduated, or will you graduate from high school in the United States; or have you received or will you receive a GED?
11.	Will all or part of your tuition charges be paid or reimbursed by an employer?

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 2023-2024 academic year students will use prior-prior tax data (2021 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 2023-2024.

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

Spouse's Separate Income Only								
Exemptio	ons			Inc	om	e		
	\$		,				.00	
		DOLLARS Cents				Cents		

- **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			r from the parent \$	
(Note: Any separation must be b	ov iu	dicial decree or pursuant to	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 2023-2024 academic year students will use prior-prior tax data (2021 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 2023-2024.

		A				.00
Parent1's Separate Income OR Joint Income with Parent2	Parent2's Separate Income	Р[				.00
		e				.00
Exemptions Income	Exemptions Income	3				.00
\$	\$	т				.00
		Γ	DC	DLLA F	}S	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		
		oouse's SN	
Student's Spouse's Signature	Date		First 3 Letters of
	-	arent1's SN	Parent1's Last Name
Parent1's Signature	Date	Sin	First 3 Letters of
-	-	arent2's SN	Parent2's Last Name
Parent2's Signature	Date		

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