

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

**Academic Year**

2	0			-		
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**Submit completed application to your school's Financial Aid Office**

SCHOOL NAME

**1. Social Security Number**

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**2. Date of Birth (Use numbers only)**

Month	Day		Year(CCYY)						

**3. Last Name**

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**First Name**

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**MI**

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**4. Address: number, street, apartment**

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**City or Town**

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**State**

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**Zip Code**

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**Home Phone Number**

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**Work Phone Number**

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**E-mail Address**

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**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 GIVE EARLIEST DATE 

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 Month Year

2  separated or divorced

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Month Year

To exclude MOTHER's Income 1  MOTHER deceased GIVE EARLIEST DATE 

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 Month Year

2  separated or divorced

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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.

\$ 

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 .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													
<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			\$ <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .00											
DOLLARS	Cents													

Mother's Separate Income														
Exemptions	Income													
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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	Spouse's SSN								
Father's Signature	Date	Father's SSN								First 3 Letters of Father's Last Name
Mother's Signature	Date	Mother's SSN								First 3 Letters of Mother's Last Name

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