



2020-2021 AID FOR PART-TIME STUDY (APTS) PROGRAM

CRITERIA FOR ELIGIBILITY – Student must:

- Be enrolled in a degree-bearing program (matriculated).
- Be registered for at least 6 credits (at least 3 of the 6 must be college-level credits).
- Have already accrued 3 credit hours at SUNY Orange or at another accredited institution (academic transcript of course work completed at a prior institution should be submitted to the Financial Aid Office).
- Have a minimum cumulative grade point average (at SUNY Orange) of 2.0 and must meet New York State academic requirements.
- Be a New York State resident.
- Fall within the following income limits:
 - a. INDEPENDENT (not claimed as a tax dependent by parents):
 - 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 (claimed by parents as tax dependent):
 - NYS NET TAXABLE INCOME OF STUDENT, SPOUSE AND PARENTS \$50,550 OR BELOW.
- Submit a copy of your (and your parents, if dependent) **SIGNED** 2018 New York State Income Tax Return. Those who haven't filed a 2018 NYS Tax Return must submit a copy of their **SIGNED** 2018 Federal Tax Return or [Tax Return Transcript](#). If you haven't filed either a 2018 NYS Tax Return or 2018 Federal Tax Return, you must submit a 2018 [Verification of Non-Filing letter](#) from the IRS.



PLEASE NOTE:

- ❖ **Aid for Part-time Study funding is limited and applications are processed on a first come, first served basis**
- ❖ **Finalization of Fall and Spring APTS awards cannot be guaranteed to meet tuition payment deadlines. You should consider making other arrangements for payment by your payment due date and can be reimbursed at a later date.**
- ❖ Due to funding limitations and the increased number of qualifying applicants, funding is limited to coverage of 6 credit hours regardless of enrollment status. The only exception to coverage is if student needs less than 6 credits to graduate.
- ❖ 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.
- ❖ There is no APTS for Summer Sessions at SUNY Orange.
- ❖ You are not required to submit a FAFSA in order to apply for APTS.



SUNY ORANGE
FINANCIAL AID

Aid for Part-time Study (A.P.T.S.) Application Academic Year 2020 - 2021

2021



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 and submit a signed copy of parent(s) NYState taxes

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 YOU 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
2 ☐ separated or divorced Month Year

To exclude **MOTHER's** Income 1 ☐ MOTHER deceased GIVE EARLIEST DATE
2 ☐ separated or divorced 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.

\$
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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DOLLARS Cents

Mother's Separate NTI	
Exemptions	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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

Mother's SSN

First 3 Letters of
Father's Last Name

First 3 Letters of
Mother's Last Name

