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

Academic Year ____-____ ____

Submit completed application to your school's Financial Aid Office before the start of classes.

SCHOOL NAME **Mohawk Valley 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? ☐ YES ☐ NO

6. Check the box that applies to you
☐ 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 income, in the boxes provided.

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

12. Were you eligible to be claimed or were you claimed as a dependentt 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; 2 ☐ separated or divorced — GIVE EARLIEST DATE ☐☐☐☐ Month Year

To exclude MOTHER's Income — 1 ☐ MOTHER deceased; 2 ☐ separated or divorced — GIVE EARLIEST DATE ☐☐☐☐ 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. $ ☐☐☐,☐☐☐.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 2017 NET TAXABL E INCOME (NTI) IN THE BOXES PROVIDED.

Father's Separate NTI OR Joint NTI with Mother	
Exemptions	Income
☐☐	$ ☐☐☐,☐☐☐.00 (DOLLARS / Cents)

Mother's Separate NTI	
Exemptions	Income
☐☐	$ ☐☐☐,☐☐☐.00 (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 a n d 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.