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

Academic Year 2 0 1 4 - 1 5

Sul	omit comple	ted applica	ation to	o your	school's	s Fin	anci	al A	Aid Of	fice										
SC	HOOL NAME		Mohawk Valley Community College																	
1.	Social Securi	ty Number					2. l		e of B	rth (Us		umbo /ear(0								
3.	Last Name								<u>F</u>	irst Na	me						] [	MI		
4	Address: nun	nher street	anart	ment					J L								J [			
7.	Tadi Coo. Hall		Д																	
	City or Town												State	Э	Zip	o Cod	е			
	Home Phone Number Work Phone Number																			
	E-mail Addre	ss								1					-	1				_
5.	Are you a le	gal residen	t of Ne	w York	State?	(See	e ins	tru	ctions	s on p	age	1.)		YE	s [		)			
6.	Check the b			you (S ı-Citizer		1			. •	2.) Eligible	Nor	n-Cit	izen							
7.	Marital state	us (Check o			parated/	Divo	ced/	Wic	dowed											
8.	If married, e give earlies											owed	,	Mo	nth	Yea	ar(CC	YY)		
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?  NO																			
10.	Will all or pa	-		_	s be paid	d or r	eimb	urs	ed by	an em	ploy	er?		YES		NO				
ΑP	PLICANT/SPC	OUSE (IF M	ARRII	ED) INC	COME ST	TATE	MEN	IT - (	(All ap	plicar	nts m	nust	ansv	werC	)uest	ions	11 ar	nd 12	.)	
11.	Enter your e		and ir	ncome,	which is	s you	r cor	nbir	ned ta	xable i	ncoi	me a	ınd r	equire	ed pe	nsion	inco	ıme,		
			nt Incor s \$	eparate I me with Incom	Spouse le .00				-	use's S			come	.00		ı				

12.	. Were you eligible to be claimed or were you claimed as a dependent on your parents' New Yoreturn for the previous year?	ork State or federal tax
	1 LYES - 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 sign and enter Social Security number. If you have dependents of your own other check this box.	spouse must also than a spouse,
	If you answered "YES" to question 12, that is, you were claimed or were eligible to be claid dependent, you must report parental income in question 14. If your parents (stepparents parents) filed a tax return as married, you must report total income for both parents.	imed as a tax , adoptive
13.	EXCLUSION OF PARENTS' INCOME - If your parents are divorced, separated, never married is deceased, report in question 14 the income of the parent with whom you lived most in the phad custody or would have had custody if you were a minor.	d or one of your parents previous year or who
	TO EXCLUDE THE INCOME OF YOUR FATHER (Stepfather, adoptive father) OR MOTHER mother) give the reason by checking the appropriate box. Enter the date of death or separation the amount of support received if separated/divorced. Only one parent's income can be excluse separation/divorce.	on/divorce and enter
	To exclude FATHER's Income 2 FATHER deceased separated or divorced GIVE EARLIEST DATE	nth Year
	To exclude MOTHER's Income 1 MOTHER deceased GIVE EARLIEST DATE separated or divorced	nth 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 LARS 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.	OFFICE USE ONLY
	Father's Separate NTI	A .00
	OR Joint NTI with Mother Mother's Separate NTI	P .00
	Exemptions Income Exemptions Income	S .00
	\$ .00	<del>                                     </del>
	DOLLARS Cents  DOLLARS Cents	T .00  DOLLARS Cents
15.	ALL PERSONS WHOSE INCOMES ARE LISTED IN QUESTIONS 11 AND 14 must read and AFFIRMATION - I hereby certify that all the information provided by me upon this application is complete. This information will be accepted for all purposes as the equivalent of an affidavit a statement, shall subject me to the same penalties for perjury as if I had been duly sworn. I auriclease to Higher Education Services Corporation (HESC) any information requested pertines consent to the verification by HESC of any statement made herein and authorize the NYS De and Finance to release to HESC certified copies of my personal income tax returns. I consent of such information as may be provided by law or regulation in the course of financial aid programment.	is accurate and nd, if it contains a false thorize the school to nt to this application. I epartment of Taxation to the release by HESC
	Student's Signature Date	
	Spouse's SSN	
	Student's Spouse's Signature Date	First 3 Lette <u>rs of</u>
	Father's SSN	Father's Last Name
	Father's Signature Date	First 3 Letters of
	Mother's SSN	Mother's Last Name
	Mother's Signature Date	
	BRING OR MAIL THE COMPLETED APPLICATION TO YOUR SCHOOL'S FINAN	CIAL AID OFFICE

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