

2020-2021 Aid for Part-time Study Program (APTS) Policy

The financial aid office must have received the results of the completed 2020-2021 FAFSA form before any APTS award will be determined.

Enrollment Status, Program of Study & Maintenance of Award:

- Students must be registered for at least 3 credit hours but less than 12 credit hours per semester.
- Developmental courses (credit equiv. courses) are eligible for funding based on placement scores if the student is **additionally enrolled in at least 3 credit bearing hours**.
- Courses beginning after fourth week of the semester (late starting courses) are not eligible for APTS funding.
- **Awards will not be granted for coursework that does not apply to your degree program.**
- **Changes in coursework (adding and/or dropping courses) after an award has been processed could result in a reduction or cancellation of the APTS award.**
- **If there is a COMPLETE WITHDRAWAL from classes PRIOR TO THE OFFICIAL CERTIFICATION OF THE APTS AWARD (the end of the semester), the award may be adjusted or cancelled accordingly.** The student may then be responsible for payment of the tuition previously covered by the APTS award and/or repayment of excess funds disbursed to the student.
- Priority will be given to students working towards their first degree. If funding is available, consideration will be given to students who have graduated and are enrolled in a new degree program.

The maximum award per semester is \$1000. Your award will be based on your enrollment status; that is, the number of credit hours that apply to your degree or program requirements.

Academic Progress Requirements

- Students must meet NYS and CCC academic progress requirements each semester in order for APTS funding to continue at CCC.
- AND**
- **Students who receive APTS funding but fail to complete the semester with a semester grade point average of 1.0 or higher are not eligible to receive APTS funds in future semesters at CCC.**

APTS Application Process

Complete the NYS APTS Application, attach appropriate documentation and provide signatures from all individuals reporting income.

Submit to:

Corning Community College
Financial Aid Office
1 Academic Drive
Corning, NY 14830
Fax (607) 962-9019

Funds are awarded on a "first come, first served" basis and the receipt of APTS funding through NYS Higher Education Services Corporation (HESC). Once the allocated funds have been exhausted, there is not typically funding available until the next academic year. Apply early & attach any required documentation. Incomplete applications will delay processing and may be returned to you for completion.

If the student receives additional third party or state funding (e.g. employer tuition benefit, NYS Educational Incentive Program), it may reduce or cancel the APTS award amount.

APTS awards are based on the above requirements as well as those listed on the actual application & mandated by NYS HESC.

Instructions for Preparing an Application for Aid for Part-Time Study

WHAT IS APTS? The AID FOR PART-TIME STUDY program is a grant program financed by New York State in conjunction with participating educational institutions throughout the state. The program provides up to \$2,000 per year to help part-time undergraduate students meet their educational expenses.

WHO IS ELIGIBLE FOR APTS?

To be considered for an APTS award, a student must:

- Be a United States citizen or eligible noncitizen
- Be a legal resident of New York State
- Have graduated from a high school in the United States, earned a GED, or passed a federally approved "Ability to Benefit" test as defined by the Commissioner of the State Education Department
- Be enrolled as a part-time student
- Be matriculated in an approved program of study in a participating New York State secondary institution
- Be in good academic standing; Have achieved at least a cumulative "C" average after having received the equivalent of two full years of payment of state-sponsored student financial aid.

WHAT ARE THE INCOME LIMITS?

Income means the taxable income as taken from the New York State income tax return plus any state, local or federal pension income. If you were claimed as a tax dependent by your parents, family income (i.e., taxable income of student and parents) cannot exceed \$50,550.

- If you were not eligible to be claimed as a tax dependent by your parents, income (i.e., taxable income of student and/or spouse, if married as of December 31st) cannot exceed \$34,250.
- If you were not eligible to be claimed as a tax dependent by your parents but you were eligible to claim dependents of your own other than yourself and/or your spouse, income (i.e., taxable income of student and spouse) cannot exceed \$50,550.

HOW DOES A STUDENT APPLY FOR AID FOR PART-TIME STUDY?

Complete the application using these instructions. Mail or bring the completed application to your school's financial aid office. Do not return the application to Higher Education Services Corp. This will delay consideration of your application. Read the instructions before making any entries. If you need further help, or if you need clarification of a particular issue, contact your Financial Aid Officer.

1-4. SOCIAL SECURITY NUMBER, DATE OF BIRTH, NAME, ADDRESS, EMAIL ADDRESS. Enter all the information requested.

5. NEW YORK STATE RESIDENT.

Check YES if any of the following apply to you...

- you now reside in New York State AND will be an undergraduate AND you lived in New York State for the last 2 terms of high school, or
- you were a legal resident when you entered military service, Vista or Peace Corps AND have reestablished New York State residency within 6 months after release from such service, or
- you have resided in New York State for at least 12 months immediately preceding the first term for which you are seeking aid AND have established domicile (permanent residence) in New York State.

Check NO if...

- you are financially dependent on your parents and neither of them is a New York State resident, or
- your parents are separated or divorced and the parent with whom you are living is not a New York State resident, or
- you reside in New York State for the sole purpose of attending college, or
- none of the above conditions apply to you.

6. UNITED STATES CITIZENSHIP OR ALTERNATE REQUIREMENTS. Check the box that applies to you. You must check one of the three boxes. Proof of your status may be required.

- Be charged at least \$100 tuition per year
- Not have exhausted Tuition Assistance Program (TAP) eligibility
- Not be in default on a student loan guaranteed by HESC or on any repayment of state awards
- Meet income eligibility limitations

In addition to the above, students who received a state-sponsored award for the first time in the 1996-97 academic year and thereafter must be a high school graduate, or receive the equivalent of a high school certificate, or receive a passing grade on a federally approved examination.

NOTE:

- If the student is a member of the armed forces who is not a legal resident of New York State but who is stationed on full-time active duty in New York State, the residency requirement is waived effective with the 2005-06 academic year. To qualify for the waiver, the student must submit official documentation confirming full-time active duty status and duty station.
- If the student is the spouse or dependent of a member of the armed forces who is not a legal resident of New York State but who is stationed on full-time active duty in New York State, the residency requirement is waived effective with the 2005-06 academic year. The student must submit official documentation confirming both full-time duty status and duty station of the member of the armed forces and the student's status as spouse or dependent of that person.

7-8. **MARITAL STATUS.** Check the box that applies to you. If you were married as of December 31st, you must report income information for your spouse in question 11. Enter the month and year you were married or, if separated/divorced or widowed, give earliest date on which you were separated/divorced or widowed. If you are other than SINGLE, enter your spouse's Social Security Number in item 15. (NOTE: Any separation must be by judicial decree or pursuant to an agreement which is filed by a court of competent jurisdiction.)

9. **CHECK "YES"** if you have graduated or will graduate from high school or if you received or will receive a General Education Development (GED) certificate. You may also check "Yes" if you received a passing score on a federally approved examination which demonstrates your ability to benefit from the education being offered. Otherwise, check "No."

10. **EMPLOYER REIMBURSEMENT.** Awards under this program are limited by the actual tuition paid by the student. In considering a student for an award, the institution must take into account other sources of financial aid available.
- Check YES If your employer has paid, or will reimburse, all or part of your tuition for the term(s) for which this application for APTS is made, and enter amount of reimbursement, if known.
- Otherwise, check NO.

11. **ENTER YOUR INCOME IN THE BOXES PROVIDED.**

12. **WERE YOU CLAIMED AS A TAX DEPENDENT?**

- Check YES and report your parents' income on page 2 of the application if you were claimed as a dependent on your parent's tax return.

12. **WERE YOU CLAIMED AS A TAX DEPENDENT? cont.**

- Check NO and sign the affirmation on page 2 of the application if you were not eligible to be claimed as a dependent by your parents. (If married, your spouse must also sign the application.) If you have checked NO but have dependents of your own other than your spouse, also check the second box as indicated.

NOTE: If you were not claimed as a tax dependent on your parent's tax return, you must still report your parents' income in question 14 if you could have been claimed but were not. The criteria for determining whether or not you could have been claimed are detailed in the instruction booklet for filing state and federal tax returns.

Generally, you were eligible to be claimed as a dependent if:

- you were single, and
- your parent or parents provided more than one-half of your support in the previous year, and your gross income was less than \$3,000. If your income was more than \$3,000, you could still have been claimed if you were under 19 years of age or you were under 24 years of age and a full-time student.

13. **EXCLUSION OF PARENTS' INCOME.** Report in question 14 the income of the parent with whom you lived most last year or who had custody or would have had custody if you were a minor.
The income of a parent can be excluded in the cases of death, divorce or separation which occurred before December 31st. You should check the appropriate box in question 13 and enter the date and amount of support received on your behalf. (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. **PARENTS' INCOME.** The instructions for reporting income information are the same as appear in question 11. Report the following incomes: father's (stepfather's, adoptive father's) income and mother's (stepmother's, adoptive mother's) income. If you excluded the income of one parent in question 13, report the income of the other parent in question 14. In addition, enter Social Security Numbers as appropriate in the AFFIRMATION Section.

15. **AFFIRMATION.** You **MUST** sign the application. In addition, if you are married, your spouse must sign and give his/her Social Security Number. If your parents were required to provide income information in question 14, they must sign and give their Social Security Numbers and the first three letters of their last name.
In signing this AFFIRMATION you are acknowledging that you have read, understood and accepted the conditions described in the AFFIRMATION appearing on the application form.

DISCLOSURE OF SOCIAL SECURITY NUMBERS

Disclosure of your Social Security Number and the Social Security Numbers of members of your family is mandatory and has been authorized by NYS Education Law § 661 subdivision (2). We need these numbers to verify your identity, to process your application, to keep track of your records and to verify reported incomes from the New York State Department of Taxation and Finance.

NO DISCRIMINATION ON THE BASIS OF DISABILITY

We do not discriminate against handicapped persons in our employment practices or in the administration of our programs, activities or services.

H8083B (Rev. 06/2009)

Aid for Part-Time Study (APTS) Application Academic Year 2020-2021

Submit complete application to the Financial Aid Office. **Incomplete applications will be returned.**

SCHOOL NAME: Corning Community College

You must have also filed a 2020-2021 FAFSA form to be considered for APTS funding at CCC

1. Social Security Number

_____ - _____ - _____

2. Date of Birth (Use numbers only)

____/____/____
Mo. 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 _____

Email address _____

5. Are you a legal resident of New York State? (See instructions on page 1. If you filed an IT-203, provide documentation indicating you meet one of the acceptable residency requirements listed on page 1.) 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 one box) Unmarried (single, divorced or widowed) Married Separated

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. ____/____/____
Mo. Day Year (CCYY)

9. Have you graduated, or will you graduate from high school; 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 \$ _____ AND

PLEASE ATTACH A CURRENT COPY OF YOUR EMPLOYEE TUITION BENEFIT POLICY

APPLICANT/SPOUSE (IF MARRIED) INCOME STATEMENT – (ALL applicants must answer Questions 11 and 12.)

11. Enter 2018 NYS exemptions and Net Taxable Income (NTI) in boxes provided. **ENTER YOUR EXEMPTIONS AND INCOME, WHICH IS YOUR COMBINED TAXABLE INCOME AND REQUIRED PENSION AND ANNUITY INCOME, IN THE BOXES PROVIDED. USE NYS INFORMATION (FORM IT201), NOT INFORMATION FROM YOUR FEDERAL RETURN (NOT THE 1040, 1040A OR 1040EZ).**

***ATTACH A COPY OF YOUR NYS 2018 IT-201 RETURN WITH THIS APPLICATION*.**

Applicant's Separate NTI OR Joint NTI with Spouse				Spouse's Separate NTI Only			
Exemptions		Income		Exemptions		Income	
		.00				.00	

NOTE: IF YOU WERE **NOT REQUIRED TO FILE A 2018 NYS INCOME TAX RETURN**, INDICATE THAT WITH YOUR SIGNATURE BELOW:
I was not required to file a 2018 NYS Income Tax Return - _____.

12. Were you eligible to be 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 or 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 <input type="checkbox"/>	Father deceased	GIVE EARLIEST DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2 <input type="checkbox"/>	separated or divorced		Mo.	Yr.		
To exclude MOTHER's Income	1 <input type="checkbox"/>	Mother deceased	GIVE EARLIEST DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2 <input type="checkbox"/>	separated or divorced		Mo.	Yr.		

Support Amount – Enter the amount of support received for you from the parent whose income is to be excluded.

If none, enter zero. (Note: Any separation must be by judicial decree or pursuant to an agreement of separation which is filed by a court of competent jurisdiction.)

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DOLLARS Cents

14. ENTER PARENTS' 2018 NYS EXEMPTIONS AND NET TAXABLE INCOME (NTI) IN THE BOXES PROVIDED. Use NYS 2018 IT201 information, NOT information from federal return.

***ATTACH A COPY OF YOUR PARENT(S) 2018 NYS RETURN(S) WITH THIS APPLICATION*.**

Father's Separate NTI OR Joint NTI with Mother	Mother's Separate NTI Only
Exemptions Income	Exemptions Income
<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"/> .00	<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"/> .00

NOTE: IF YOUR PARENT(S) WERE NOT REQUIRED TO FILE A 2018 NYS INCOME TAX RETURN, INDICATE THAT BELOW: I WAS NOT REQUIRED TO FILE A 2018 NYS INCOME TAX RETURN -

_____ Father's signature _____ Mother's signature

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 consent 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 (if required)	Date	Spouse's SSN _____ - _____ - _____	
Father's Signature (if required)	Date	Father's SSN _____ - _____ - _____	First 3 letters of Father's Last Name <input type="text"/> <input type="text"/> <input type="text"/>
Mother's Signature (if required)	Date	Mother's SSN _____ - _____ - _____	First 3 letters of Mother's Last Name <input type="text"/> <input type="text"/> <input type="text"/>

BRING, MAIL OR FAX THE COMPLETED APPLICATION & ATTACHMENTS TO THE FINANCIAL AID OFFICE.