



Excelsior Scholarship Program

INCOME ELIGIBILITY DETERMINATION FORM

If you were recently notified of your ineligibility for the Excelsior Scholarship because your household federal adjusted gross income (AGI) is greater than \$125,000, and your income was adversely affected due to a disability, divorce or separation of the applicant, parent or spouse or the death of a parent or spouse occurring prior to the start of the academic year, you may be eligible to use your current income to establish income eligibility.

To request a review of your eligibility based on your current income, complete sections I through II of this form. Upload the completed form and all required documentation as instructed in section II to: https://www.hesc.ny.gov/ExcelsiorIncomeAppeals.

*Please note for the purpose of determining final income eligibility, all required information and documentation must be provided when submitting the Income Eligibility Determination Form.

The eligibility determination made upon review of your documentation will be based on the Excelsior Scholarship rules as found in Education Law §669-H and 8 NYCRR §2201.18.

I. STUDENT INFORMATION

- 1. Name (Last, First, MI):
2. SSN (last four digits):
3. Date of birth:

II. BASIS OF Eligibility Review

Check the basis for your review and provide the documentation as indicated.

Table with 2 columns: REASON and REQUIRED DOCUMENTATION. Rows include 'Death of a parent or spouse' and 'Divorce of a parent or the applicant'.

<input type="checkbox"/>	Separation of a parent or the applicant	<ol style="list-style-type: none"> 1. Separation Decree or Separation Agreement filed with the Court 2. Copy of the most recent pay stub for the custodial parent. <ol style="list-style-type: none"> a. Indicate payment frequency: weekly, biweekly, semimonthly, or monthly 3. Pension Income Information 4. Copy of most recent: W2 tax form(s), 1099 tax form(s) and NYS Tax Return(s) for applicant and parent or spouse, as applicable
<input type="checkbox"/>	Total and permanent disability of a parent, spouse or applicant	<ol style="list-style-type: none"> 1. Physician's statement, including: <ol style="list-style-type: none"> a. Certification that the disability is total and permanent b. Date parent, spouse or applicant became totally and permanently disabled 2. Copy of the most recent pay stub for the nondisabled parent. <ol style="list-style-type: none"> a. Indicate payment frequency: weekly, biweekly, semimonthly, or monthly. 3. Copy of the Social Security Disability (SSI) benefits for disabled applicant, parent or spouse 4. Pension income Information 5. Copy of most recent: W2 tax form(s), 1099 tax form(s) and NYS Tax Return(s) for applicant and parent or spouse, as applicable

STUDENT AFFIRMATION (Required)

By my signature below, I affirm, under penalty of perjury, the information I provided, and any supporting documentation submitted are true and complete and will accepted for all purposes as the equivalent of a sworn affidavit.

Student Signature: _____

Date: _____