

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, 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/ExcelsiorIncomeDetermination>.

***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 shall be based on the rules governing the Excelsior Scholarship program and shall be the final agency determination.

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.

REASON	REQUIRED DOCUMENTATION
Death of a parent or spouse	<ol style="list-style-type: none"> 1. Death Certificate and Statement of Relationship 2. Copy of the most recent pay stub for the surviving 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
Divorce of a parent or the applicant	<ol style="list-style-type: none"> 1. Divorce Decree 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

	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
	Total and permanent physical or mental 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 be accepted for all purposes as the equivalent of a sworn affidavit.

Student Signature _____ **Date** _____