The Application

Quick Facts

- Two part application
  - —Part 1: Checks eligibility for the NYS DREAM Act
  - —Part 2: Checks eligibility for TAP, Excelsior or ETA
- Support documents must be uploaded directly onto application
- Uses skip logic
- Live chat or request a call options
- Available here: https://www.hesc.ny.gov/dream/

Welcome to the José Peralta New York State DREAM Act.   Select ADD NEW APPLICATION to begin.

HESC Privacy Policy

ADD NEW APPLICATION

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Privacy Policy

⑦ Help

NYS DREAM Act Application

* indicates a required field.

Student High School Education Details

This section is used to identify your high school completion status to determine your eligibility under the provisions of the New York State DREAM Act.

*What will your status be when you begin college in the 2019-20 school year?

Select

Select
I will have attended a New York State high school for two or more years.
I will have received a New York State high school equivalency diploma.
I have never attended a New York State high school but will qualify for in-state tuition at a SUNY or CUNY college.
None of the above

VERIFY ELIGIBILITY

? Help

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* indicates a required field.

Student High School Education Details

This section is used to identify your high school completion status to determine your eligibility under the provisions of the New York State DREAM Act.

*What will your status be when you begin college in the 2019-20 school year?

I will have attended a New York State high school for two or more years. ▼

*What will your high school completion status be when you begin college in the 2019-20 school year?

I will have received a New York State high school diploma. ▼

Select
I will have received a New York State high school diploma.
I will have received a New York State high school equivalency diploma.
I will have received a diploma or equivalency diploma from a high school outside of New York State.

Student Citizenship and Immigration Status

The NYS DREAM Act requires that you meet certain citizenship or immigration criteria to receive NYS financial aid.

*Select your current citizenship or immigration status.

Select ▼

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NYS DREAM Act Application

Student High School Education Details

This section is used to identify your high school completion status to determine your eligibility under the provisions of the New York State DREAM Act.

*What will your status be when you begin college in the 2019-20 school year?

> I will have attended a New York State high school for two or more years. ▼

*What will your high school completion status be when you begin college in the 2019-20 school year?

> I will have received a New York State high school diploma. ▼

Student Citizenship and Immigration Status

The NYS DREAM Act requires that you meet certain citizenship or immigration criteria to receive NYS financial aid.

*Select your current citizenship or immigration status.

> I have a U-Visa but no SSN/TIN ▼

Select
I have a T-Visa
I have a T-Visa but no SSN/TIN
I have a U-Visa
I have a U-Visa but no SSN/TIN
I have Temporary Protected Status (TPS)
I have Temporary Protected Status (TPS) but no SSN/TIN
I have Deferred Action for Childhood Arrivals (DACA) status
I am currently without lawful immigration status
I am a U.S. Citizen whose permanent home is not in New York State
I am a paroled refugee whose permanent home is not in New York State
I am a Permanent Resident Alien whose home is not in New York State
None of the above

VERIFY ELIGIBILITY

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* indicates a required field.

Student High School Education Details

This section is used to identify your high school completion status to determine your eligibility under the provisions of the New York State DREAM Act.

*What will your status be when you begin college in the 2019-20 school year?

> I will have attended a New York State high school for two or more years.

*What will your high school completion status be when you begin college in the 2019-20 school year?

> Select

Student Citizenship and Immigration Status

The NYS DREAM Act requires that you meet certain citizenship or immigration criteria to receive NYS financial aid.

*Select your current citizenship or immigration status.

> I have a T-Visa

*Social Security Number/TIN
(xxx-xx-xxxx)

*Social Security Number/TIN (Confirm)
(xxx-xx-xxxx)

VERIFY ELIGIBILITY

⑦ Help

* indicates a required field.

Student Information

It is important to enter your information into these fields accurately.

*First Name	Sandy
Middle Initial	
*Last Name	Jimenez
Suffix	Select ▾
*Have you ever been known by any other name than recorded on your birth certificate, high school transcript or diploma, tax return, or other legal document?	No ▾
*State	New York ▾
*ZIP Code	11377
*Date of Birth (mm/dd/yyyy)	7/29/2001 📅

You are asked about your marital status to determine if you will be required to provide information about your spouse, along with your own, for NYS financial aid programs with an income requirement.

⑦ Help

Student Information

It is important to enter your information into these fields accurately.

*First Name

Middle Initial

*Last Name

Suffix   Select ▾

*Have you ever been known by any other   Select ▾
name than recorded on your birth certificate,
high school transcript or diploma, tax return,
or other legal document?

*Permanent Mailing Address

Apt/Floor/Unit

*City

*State   Select ▾

*ZIP Code

*Date of Birth (mm/dd/yyyy)   📅

⊙ Help

Date of Birth (mm/dd/yyyy)   7/29/2001

You are asked about your marital status to determine if you will be required to provide information about your spouse, along with your own, for NYS financial aid programs with an income requirement.

*Marital Status   Single   ▼

Notifications

All notifications regarding the status of your application will be sent to **sjimenez@goddard.org**. *Your contact information is never sold to a third party. Your contact information will only be used to alert you to your application status.*

*Primary Phone (Example: 6157773750)   [   ]

Cell Phone (Example: 6157773750)   [   ]

Student College and Grade Level

Please provide your college and grade level for which you are applying for New York State financial aid.

*Select the college you are or will be attending during the FALL 2019 term.   CUNY Laguardia Community College   ▼

Select the college you are or will be attending during the WINTER 2019-20 term.   Select   ▼

*Select the college you are or will be attending during the SPRING 2020 term.   CUNY Laguardia Community College   ▼

*Will you have a bachelor's degree when you begin the 2019-20 school year?   No   ▼

*Your Grade Level will identify both the number of years you've attended college and the status of progress within your degree program. What will your grade level be during the 2019-20 school year?   Never attended college: First year undergraduate   ▼

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Cell Phone (Example: 6157773750) [   ]

Student College and Grade Level

Please provide your college and grade level for which you are applying for New York State financial aid.

*Select the college you are or will be attending during the FALL 2019 term.
| CUNY New York City College of Technology ▼ |

Select the college you are or will be attending during the WINTER 2019-20 term.
| Select ▼ |

*Select the college you are or will be attending during the SPRING 2020 term.
| CUNY New York City College of Technology ▼ |

*Will you have a bachelor's degree when you begin the 2019-20 school year?
| No ▼ |

*Your Grade Level will identify both the number of years you've attended college and the status of progress within your degree program. What will your grade level be during the 2019-20 school year?
| Never attended college: First year undergraduate ▼ |

*Are you a candidate for or participant in the EOP, HEOP, SEEK or College Discovery opportunity program?
| Yes ▼ |

*Are you a candidate for or participant in the NYS Scholarship for Academic Excellence award?
| Unsure ▼ |

*Are you a candidate for or participant in the NYS Aid for Part Time Study Program?
| Unsure ▼ |

*Are you a candidate for or participant in the Collegiate Science & Technology Entry Program (CSTEP)?
| No ▼ |

Supporting Documents

The following documents are required to complete your eligibility verification application. If you are without lawful immigration status, or if you or your parent(s) do not have an SSN or TIN, please remove your street address and/or parent name(s) from all documents

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Supporting Documents

The following documents are **required** to complete your eligibility verification application. **If you are without lawful immigration status, or if you or your parent(s) do not have an SSN or TIN, please remove your street address and/or parent name(s) from all documents before uploading.**

- **Proof of Citizenship or Immigration Status:** You must provide your Visa, I-797, USCIS Approval Letter, Birth Certificate, Social Security Card, TIN Documentation, or I551 Permanent Resident Card or Alien Receipt Card to provide evidence for the immigration status you selected.

- **New York State High School Transcript or Equivalency Diploma Documentation (Unofficial):**
  - High School Transcript: If you received a New York State high school diploma, you must provide a transcript(s) from a New York State high school showing you were in attendance for at least two (2) years **and** it must have your graduation date. If your transcript does not show your graduation date you must also provide your high school diploma. *(Upload as a .zip file by referring to the Upload FAQ)*
  - New York State High School Equivalency Diploma Documentation: If you obtained your New York State high school equivalency diploma, you must upload your documentation.

Do not copy and paste the information into Microsoft Word™ or any other word-based program. It will not be reviewed and will result in an incomplete application.

Upload Instructions:

- All documents must be uploaded by you directly to this form.
- Select the corresponding item in the drop down and click **Browse** to locate the file saved on your computer.

☎ **Request a callback**

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Disclosure & Consent

*I affirm that I have read and agree to the Disclosure & Consent for submitting this application and all other applications for NYS financial aid. ☑

*I understand it is my responsibility to ensure that this application and all other applications for NYS financial aid are complete. ☑

Required Signature

A legal signature is required for this application to acknowledge and confirm the information submitted. An electronic signature is available and can be used to satisfy this requirement. Alternatively, you may provide a handwritten signature in accordance with the instructions provided.

*Please select one: | I prefer to provide an e-signature.   ▼ |

I agree, and it is my intent, to sign this application by typing my name, checking the "I Affirm" box, and by electronically submitting this application. I understand that my signing and submitting this application in this fashion is the legal equivalent of having placed my handwritten signature on the submitted application and this affirmation. I understand and agree that by electronically signing and submitting this application in this fashion I am affirming that I have read, understand, and agree to all provisions of this application, and I declare, under penalties of perjury under the laws of New York, that the information I have entered or submitted in connection with this application is true and complete.

*I Affirm: ☐

*Student E-Signature
Type your first and last name in the signature box. | |

Save/Submit

You can always return to your application at a later time. Click the SAVE button below to save your information.

[SAVE]

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⑦ Help

Financial Application

- Available after completion of NYS DREAM Act Application is submitted
- Can file before documents are verified
- Click "Add Application" on home screen

* indicates a required field.

Tuition Assistance Program Details

You are applying for the New York State **Tuition Assistance Program (TAP)**. TAP provides up to $5,165 in annual tuition support to recipients attending an approved college in New York State. Your annual award will depend on factors including your family's household income, the number of family members attending college full-time, and the number of terms you have received the award. The good news is because TAP is a grant, it does not have to be paid back. However, throughout your college career you must remain in good academic standing and meet the income requirements to continue to receive award payments.

Student Information

It is important to enter your information into these fields accurately.

*First Name	Sample
Middle Initial	
*Last Name	Student
Suffix	Select ▾
*Has your permanent mailing address changed since completing the NYS DREAM Act Application?	No ▾
*State	New York ▾
*ZIP Code	10025

Notifications

All notifications regarding the status of your application will be sent to **optionsinstitute@goddard.org**. *Your contact information is never sold to a third party. Your contact information will only be used to alert you to your application status.*

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Notifications

All notifications regarding the status of your application will be sent to **optionsinstitute@goddard.org**. *Your contact information is never sold to a third party. Your contact information will only be used to alert you to your application status.*

*Primary Phone (Example: 6157773750)

2126784667

Cell Phone (Example: 6157773750)

Student College

Please provide your college for which you are applying for New York State financial aid.

*Select the college you will be attending:

New York City College of Technology ▼

*College/University Student ID

Student Dependency Status

You are asked about your dependency status to determine your award amount *and* whether you will need to provide information about your parent, spouse or child along with your own.

*At any time since you turned age 13, were you:

none of the above. ▼

Select
an orphan.
a ward of the court.
in foster care.
none of the above.

*What was or will be your dependency status as of June 30, 2019?

-parent or adoptive parent for more than six weeks. ▼

Household Income

The question below is used to determine your household income. Your household income is considered to be the income of you and your spouse (if married) *or* you and your parents, or step parents, or adoptive parents with whom you resided. Household income should include any pension income and/or child support payments received.

*For 2017, what was your total household income?
Do not enter the $ symbol

25000

I lived with a parent/step-parent or adoptive parent for more than six weeks. ▼

Select
I lived with a parent/step-parent or adoptive parent for more than six weeks.
I received more than $750 from a parent/step-parent or adoptive parent.
I was claimed as a dependent by a parent/step-parent or adoptive parent.
None of the above.

Other Household Information

Student Dependency Status

You are asked about your dependency status to determine your award amount _and_ whether you will need to provide information about your parent, spouse or child along with your own.

*At any time since you turned age 13, were you: [none of the above.   ▼]

*What was or will be your dependency status as of June 30,   [None of the above.   ▼]
2019?

*Did you have one or more dependent children as of December   [No   ▼]
31, 2018?

You are asked these questions to determine your financial independence.

*What was your age as of June 30, 2019?   [22 years old or older   ▼]

*What was your marital status as of December 31, 2018?   [Married   ▼]

Household Income

The question below is used to determine your household income. Your household income is considered to be the income of you and your spouse (if married) _or_ you and your parents, or step parents, or adoptive parents with whom you resided. Household income should include any pension income and/or child support payments received.

*For 2017, what was your total household income?   [55000   ]
Do not enter the $ symbol

Other Household Information

The questions below are used to determine whether your 2019 household or net taxable income is expected to be $80,000 or less due to separation/divorce, total and permanent disability, or death.

*Is your 2019 household or net taxable income expected to be   [No   ▼]
$80,000 or less due to the total and permanent disability of
you, your spouse (if married) or your custodial parent(s)?

Other Household Information

The questions below are used to determine whether your 2019 household or net taxable income is expected to be $80,000 or less due to separation/divorce, total and permanent disability, or death.

*Is your 2019 household or net taxable income expected to be $80,000 or less due to the total and permanent disability of you, your spouse (if married) or your custodial parent(s)?

No ▾

*Is your 2019 household or net taxable income expected to be $80,000 or less due to the death of your spouse (if married) or your custodial parent(s)?

No ▾

*Is your 2019 household or net taxable income expected to be $80,000 or less due to the separation or divorce of your spouse (if married) or your custodial parent(s)?

No ▾

The question(s) below are to determine which of the family members who reside in your household are or will attend college in the upcoming academic year. This information is used to help determine your award amount.

*How many family members, living in your household, will be full-time college students between July 1, 2019 and June 30, 2020? Do not include yourself.

1 ▾

Click **New** to add the information for each family member who will be attending college.

Relationship	First Name	Middle Initial	Last Name	Date of Birth (mm/dd/yyyy)	
Sibling	Other		Student	2/2/2001	Edit

NEW   EDIT

Supporting Documents

Any required documents are listed below as **REQUIRED**. If you are without lawful immigration status, or if you or your parent(s) do not have an SSN or TIN, please remove your street address and/or parent name(s) from all documents before uploading.

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Supporting Documents

Any required documents are listed below as **REQUIRED**. If you are without lawful immigration status, or if you or your parent(s) do not have an SSN or TIN, please remove your street address and/or parent name(s) from all documents before uploading.

- **Not Required:** Student 2017 Federal Tax Return

- **REQUIRED:** Form HE9292 B - Full Time College Students

  - **Click here** to download Form HE9292 B. You must fill out this form and upload the completed copy to this application.

<u>Upload Instructions:</u>

- All documents must be uploaded by you directly to this form.

- Select the corresponding item in the drop down and click **Browse** to locate the file saved on your computer.

- The only acceptable file formats are: **.pdf, .tif, .png, .gif, .jpeg, .bmp** and **.xps.** **No document may be provided in Microsoft® Word.** If you have multiple files, you may upload them in a .zip file as long as the individual files are in an acceptable file format. **Any other file formats will not be reviewed and will result in an incomplete application.**

- Click **Upload.**

| Select ▾ | Choose File   No file chosen | UPLOAD |

Affirmation & Consent

I, the applicant, understand and agree that by signing and submitting this application, I am affirming that I have read, understand, and agree to all provisions of this application, and I declare, under penalties of perjury under the laws of New York, that the information I have entered or submitted in connection with this application (including all documents) is true and complete.

I, the applicant, the applicant's spouse, and/or the applicant's parent(s), consent to the submission by New York State ("NYS") Higher Education Services Corporation ("HESC") to the NYS Department of Taxation and Finance ("DTF") any and all information needed to verify the statements made in this application, and I authorize DTF to release to HESC any and all information regarding my income and personal income tax returns, including the returns themselves, for all periods reported in this application and for any subsequent period I apply for financial aid.

Required Signature(s)

A legal signature is required for this application to acknowledge and confirm the information submitted. An electronic signature is available and can be used to satisfy this requirement. Alternatively, you may provide a handwritten signature in accordance with the instructions provided.

*Please select one: | Select ▾ |

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Other Household Information

The questions below are used to determine whether your 2019 household or adjusted gross income is expected to be $125,000 or less due to separation/divorce, total and permanent disability, or death.

*Is your 2019 household or adjusted gross income expected to be $125,000 or less due to the total and permanent disability of you, your spouse (if married) or your custodial parent(s)? | Select ▼ |

*Is your 2019 household or adjusted gross income expected to be $125,000 or less due to the death of your spouse (if married) or your custodial parent(s)? | Select ▼ |

*Is your 2019 household or adjusted gross income expected to be $125,000 or less due to the separation or divorce of your spouse (if married) or your custodial parent(s)? | Select ▼ |

| I am a continuing first year undergraduate and completed at least 15 credits in my first term.   ▼ |

Select
I never attended college and am a first year undergraduate.
I attended college before and have been continually enrolled each fall and spring term and have completed an average of at least 30 credits each year.
I am an Opportunity Program student (EOP, SEEK, CD) and am on track to complete my associate's degree in 2.5 years.
I am an Opportunity Program student (EOP, SEEK, CD) and am on track to complete my bachelor's degree in 5 years.
I was not continuously enrolled but am on track to complete my associate's degree in 2 years.
I was not continuously enrolled but am on track to complete my bachelor's degree in 4 years.
I am a continuing first year undergraduate and completed at least 15 credits in my first term.
None of the above.

Disability Status

The questions below are to determine whether you are a student with a qualifying disability under the Americans with Disabilities Act (ADA) who attends less than full-time.

*Are you a student with a disability who has registered with your college's office for students with a qualifying disability under the ADA? | Yes ▼ |

Students with qualifying disabilities under the ADA who have registered with their college's ADA coordinator may attend less than full-time to be eligible for this award. However, you must complete the number of credits for which you enroll *each term* (for example, if you enroll in 6 credits, you must complete 6 credits; if you enroll in 15 credits, you must complete 15 credits.)

*Do you want your application processed under these ADA rules? | Yes ▼ |

Break in Attendance

The questions below are to determine whether you previously attended college, were continuously enrolled, and completed an average of 30 credits each year while enrolled. Students who fail to meet the annual credit or continuous enrollment requirements and who can demonstrate good cause may be eligible to receive an award.

*What will your education status be when you begin college in | I am an Opportunity Program student (EOP, SEEK, CD) and am on track to complete my bachelor's degree in 5 years.   ▼ |

⑦ Help

Verification

Supporting Documents

- Supporting documents must be uploaded directly onto application
  - Signature page
  - Transcripts and diplomas
  - Income verification
  - Visa and TPS documentation
- Financial Documentation
  - Not required of undocumented students
  - For all others, taxes and proof of receipt of public assistance

DISCLOSURE & CONSENT

Please read this Disclosure & Consent for New York State financial aid applications very carefully. By signing this Disclosure & Consent, you are authorizing HESC to disclose information in any of your applications for financial aid to third parties and to communicate with you regarding any of your applications.

Protecting the privacy of your personal information is important to the New York State ("NYS") Higher Education Services Corporation ("HESC"). We respect your right to privacy and recognize our obligation to keep information about you secure and confidential and to maintain physical, electronic and procedural safeguards, all in compliance with federal and state laws. This Disclosure & Consent uses the term "personal information." This means any information concerning you that, because of name, number, symbol, mark or other identifier, can be used to identify you. HESC collects this information pursuant to Articles 13 and 14 of the New York State Education Law and applicable regulations in connection with the administration of Program awards. Failure to provide the requested personal information will disqualify you from receiving a Program award. HESC restricts access to your personal information to those individuals and entities that need to know this information in order to administer, service, and/or collect Program awards. Your personal information is retained in the system of records maintained by HESC's Grant and Scholarships Director, Office of Grant and Scholarship Programs, located at 99 Washington Avenue, Albany, New York 12255 (888-697-4372). You may access and review such information by filing a Personal Privacy Protection Law ("PPPL") request with HESC's PPPL Compliance Officer at www.hesc.ny.gov.ny/pppl-request. HESC shall, within five business days of the date of the receipt of a proper request to access and review your personal information: (i) provide access to the personal information; (ii) deny access in writing, explaining the reasons therefore; or (iii) acknowledge the receipt of the request in writing, stating the approximate date when the request will be granted or denied, which date shall not be more than 30 days from the date of the acknowledgment.

I, the undersigned applicant, understand and agree that the submission of any financial aid application authorizes HESC and its agents to release such information as may be necessary to verify any statement made therein.

I further authorize any college; lender; servicer; employer; or other agency, institution, or individual to validate or provide HESC with information necessary for its review and consideration of my eligibility for NYS financial aid, as well as for the purpose of servicing and/or collecting any Program award I may receive. I give HESC permission to contact and disclose my personal information to any college; lender; servicer; employer; or other agency, institution, or individual to facilitate HESC's review and consideration of any of my applications for financial aid, as well as to service and/or collect any Program award I may receive. I give HESC permission to share my personal information with its agents; contractors; business partners; and other agencies, institutions, or individuals necessary for the purpose of evaluating any of my applications for financial aid and/or administering any Program award I may receive. I consent to the release by HESC of such information as may be provided by law or regulation in the course of the administration of financial aid. I give HESC permission to use whatever means it deems necessary to verify any information I have provided, or will provide, to be used for the purpose of establishing my eligibility for financial aid, as well as servicing and/or collecting any Program award I may receive, including, but not limited to, documentation submitted or accessed through other parties.

I also consent to HESC communicating with me in connection with any of my applications for financial aid, using any telephone number or e-mail address I provide, or by any other current or future means of communication that I provide or that HESC may obtain from any source, regardless of any cost I may incur from such communication.

I affirm that I have read and agree to the Disclosure & Consent for submitting this application and all other applications for NYS financial aid. I understand it is my responsibility to ensure that this application and all other applications for NYS financial aid are complete.

I understand and agree that by signing this application I am affirming that I have read, understand, and agree to all provisions of this application, and I declare, under penalties of perjury under the laws of New York, that the information I have entered or submitted in connection with this application is true and complete.

CONFIRMATION OF FULL-TIME ATTENDANCE

(All family members confirming attendance must provide signature and SSN under name below.)

I confirm that I am, or will be, a full-time student in a college or other approved post secondary institution. I also consent to the use of my name and social security number by New York State Higher Education Services Corporation (HESC) to verify the status of my attendance with my college, school or authorized third parties for the present academic year and subsequent academic years. This consent remains in effect until revoked by me in writing or e-mail and acknowledged by HESC.

Relationship Code: 1- Brother/stepbrother, Sister/stepsister   2- Spouse   3- Parent/stepparent   4- Child

NAME

RELATIONSHIP CODE ☐

ATTENDING FULL TIME? Yes ☐ No ☐

SSN (required)

Signature _____

NAME

RELATIONSHIP CODE ☐

ATTENDING FULL TIME? Yes ☐ No ☐

SSN (required)

Signature _____

NAME

RELATIONSHIP CODE ☐

ATTENDING FULL TIME? Yes ☐ No ☐

SSN (required)

Signature _____

NAME

RELATIONSHIP CODE ☐

ATTENDING FULL TIME? Yes ☐ No ☐

SSN (required)

Signature _____

NEW YORK STATE
HIGHER EDUCATION SERVICES CORPORATION

FOSTER YOUTH, ORPHAN OR WARD OF THE COURT STATUS VERIFICATION FORM

INSTRUCTIONS

- If you are 18 years of age or older, please complete Section A
- If you are 17 years of age or younger, please have a parent, legal guardian or Local Department of Social Services (LDSS) representative complete Section B

Your TAP application will not be processed until this form has been completed and uploaded

SECTION A: If you were a foster youth, orphan or ward of the court at any time since the age of 13, you are eligible for a higher TAP award if your status is verified by the NYS Office of Children and Family Services (OCFS).

I am 18 years of age or older, and hereby authorize OCFS to release my name, the last four digits of my Social Security Number (if applicable), and my status as a current or former foster youth, orphan or ward of the court to the New York State Higher Education Services Corporation for the sole purpose of evaluating my eligibility to receive enhanced awards under the New York State Tuition Assistance Program. ☐ Yes ☐ No

Student's First Name:	MI:	Student's Last Name:

Student's Date of Birth: Last 4 digits of Student's SSN/ITIN (if one has been issued to the student):

Student's Placement Setting:

☐ Relative/Family Care ☐ Foster Family ☐ Group Home ☐ Residential Care ☐ Supervised Independent Living
☐ Other: Describe:

County that Maintained the Student's Custody:

Name of Agency/Facility, Relative or Foster Family:

Student's Signature: **X**	Date:

SECTION B: If you were a foster youth, orphan or ward of the court at any time since the age of 13, you are eligible for a higher TAP award if your status is verified by the NYS Office of Children and Family Services (OCFS).

I am the parent or legal guardian of the youth listed below. In that role, I hereby authorize OCFS to release the name of the youth listed below, the last four digits of their Social Security Number (if applicable), and the status of the youth as a current or former foster youth, orphan or ward of the court to the New York State Higher Education Services Corporation for the sole purpose of evaluating the youth's eligibility to receive enhanced awards under the New York State Tuition Assistance Program. ☐ Yes ☐ No

Student's First Name:	MI:	Student's Last Name:

Student's Date of Birth: Last 4 digits of Student's SSN/ITIN (if one has been issued to the student):

Legal Guardian's First Name:	MI:	Last Name:

Legal Guardian's Date of Birth: Your relationship to the youth named above:

Youth's Placement Setting:

☐ Relative/Family Care ☐ Foster Family ☐ Group Home ☐ Residential Care ☐ Supervised Independent Living
☐ Other: Describe:

County that Maintained the Youth's Custody:

Name of Agency/Facility, Relative or Foster Family:

Signature of individual completing the form: **X**	Date:

To be completed by OCFS

Student Status Confirmed: ☐ Yes ☐ No	Date:
Reviewed by:	Title of OCFS Official:
Follow-up action assigned to:	

Next Steps

- Check your status frequently
- Read notifications
- College will be notified of a student's recipient status

THANK YOU!!!

Start your application today!
hesc.ny.gov/dream