



Application for Admission

PLEASE NOTE THAT IN ADDITION TO THE INFORMATION IN THIS FORM, YOU WILL **NEED** TO PROVIDE PROOF OF RESIDENCY, EDUCATIONAL BACKGROUND, AND INCOME IN ORDER TO **RECEIVE** SERVICES.

Identification Information

Date: _____ SSN: _____ Date of Birth: _____
(DD-MON-YEAR)

Name: _____
(Last) (First) (Middle) (Suffix e.g. Jr., Sr.) (Previous Last Name)

Mailing Address: _____
(Street, PO Box, Apt. #, etc.) (City) (State) (Zip) (County)

Alternate (Permanent) Address: _____
(Street, PO Box, etc.) (City) (State) (Zip) (County)

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Parent/Guardian Information

If you are under 21 years of age, and do not reside with a parent or legal guardian, please provide the following for a parent or legal guardian.

Name: _____
(Last) (First) (Middle) (Suffix e.g. Jr., Sr.)

Mailing Address: _____
(Street, PO Box, Apt. #, etc.) (City) (State) (Zip) (County)

Home Phone: () _____ Cell Phone: () _____

Emergency Contact Information

Please provide contact information for an emergency contact.

Name: _____
(Last) (First) (Middle) (Suffix e.g. Jr., Sr.)

Phone: () _____ Relationship: _____

Biographic Information



Gender: ☐ Male ☐ Female Marital Status: ☐ Unmarried ☐ Married

Are you a New York State resident? ☐ Yes ☐ No

If yes, but for less than one year, how many months? _____

Are you a U.S. citizen? ☐ Yes ☐ No

If no, are you a Permanent Resident? ☐ Yes ☐ No (Please provide alien registration card.)

Have you served in the U.S. military? ☐ Yes ☐ No

Are you Hispanic/Latino? ☐ Yes ☐ No

What is your race? (Choose all that apply.)

☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White

Education Background

High School attended: _____

City: _____ State: _____

Did you graduate? ☐ Yes ☐ No Highest grade completed: _____

Did you earn a GED? ☐ Yes ☐ No

College attended: _____

City: _____ State: _____

Did you graduate ☐ Yes ☐ No Number of credits earned: _____

Have you previously been enrolled in EOP, HEOP, SEEK, or College Discovery? ☐ Yes ☐ No

Employment/Income Information

Are you currently employed? ☐ Yes ☐ No If yes, ☐ Fulltime ☐ Part-time

What is your approximate annual household income? _____

Are you a Single Head of Household? ☐ Yes ☐ No

How many people reside in your household? _____



Date _____

Last Name _____ First Name _____

Banner ID# _____

Student Document Check List

How many dependents: _____ Children under the age of 18? () Yes () No
 Economic Eligibility: Public Assistance () Yes () No
 If 'No', indicate economic eligibility below
 () *Income Eligible* () Food Stamps Only () Disability - SSD or SSI () EOC 25% Waiver
 If 'Yes', economic eligibility will be determined after student assessment
 () TANF () TANF 200% with Children () Safety Net / 200% Poverty w/o Children

Family Size	Annual Income	Monthly Income
1	\$21,780	\$1,815
2	\$29,420	\$2,452
3	\$37,060	\$3,088
4	\$44,700	\$3,725
5	\$52,340	\$4,362
6	\$59,980	\$4,998
7	\$67,620	\$5,635
8	\$75,260	\$6,272
For each additional family member add the following amount		
	\$7,640	\$637

INCOME GUIDELINES ALSO DO NOT APPLY IF:

- The student's family is the recipient of Family Assistance or Safety Net payments through the New York State Office of Temporary and Disability Assistance or through a county Department of Social Services; or of Family Day Care programs through New York State Office of Children and Family Assistance or a county Department of Social Services;
- The student lives with foster parents who do not provide support for college and the student's natural parents provide not such support;
- The student is a ward of the state or county.

Documents Verified by: _____

Date: _____

Application entered by: _____

Date: _____



Student Document Check List

I. Educational Eligibility: (Select One)

- ☐ High School Diploma or High School Transcript (U.S. or Foreign Diploma)
- ☐ Official GED Records or GED Transcript
- ☐ Student Dismissal Letter (Pre-GED, and GED)

**II. Documentation of income current applicable tax year: (Select One)
(Income support received from spouse or parents must be provided)**

- ☐ Federal Tax Return 1040, 1040A, or 1040EZ and W-2; (For self-employed applicants please review 1099 Form, if applicable or Net Profit and Loss statement from 1040 forms)
- ☐ Unemployment and/or Worker's Compensation Award Letters
- ☐ Documentation of Social Services payments or projected budget from HRA
- ☐ Social Security Benefits or Supplemental Social Security Income (SSA or SSI Award Letter
- ☐ Veteran's Administration Non-Education Benefits Letter
- ☐ Child support or alimony received/Court order or affidavit
- ☐ Documentation of No Income (Applicants unable to provide verifiable income, are required to complete IRS form 4506 provided by the MEOC or the IRS form 1722)

**III. Proof of Residency in New York State: (Select One)
(Must demonstrate ONE year of residency)**

- ☐ New York State voter registration
- ☐ New York State driver's license or non-driver identification card
- ☐ Proof of ownership of New York State real property
- ☐ Residential lease for property in New York State
- ☐ New York State income tax return (IT 201, IT 150 and IT2 W-2 summary)

IV. Photo ID

- ☐ US Passport
- ☐ Permanent Resident Card
- ☐ New York State Issued Photo ID
- ☐ Benefits Card

V. Session

Day or Evening

VI. TABE Test Taken?

Yes or No