



New Student Continuing Student Returning Student

Student Name: _____ **ID#** _____ **SS#** ____ - ____ - ____

Program: _____ **Start Date:** ____/____/____

G.P.A _____ **Semesters Completed:** _____ **Graduation Date:** ____/____/____

Prequalification is based on a review of:

Processes by: _____ **Signature:** _____ **Date:** ____/____/____

maximum award \$1500 per semester

____ credits scheduled in semester

____ meeting SAP

____ months residing in New York State

FOR OFFICE USE ONLY

Financial Aid Associate Director: _____ **DATE:** ____/____/____

Approved _____ Denied _____

Financial Aid Director: _____ **DATE:** ____/____/____

Approved _____ Denied _____

Final Determination (Financial Aid Director)

____ Approved _____ Denied/Explanation: _____

Amount of Grant: _____ **Semester dates for Grant distribution** ____/____/____ - ____/____/____