



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** \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_