

2023-2024 College Discovery (CD) and SEEK Program Independent Student Application

First Name:	Last Name:
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Email:	Student ID:

To be eligible for CD/SEEK program, you must be a NYS resident and meet the financial eligibility requirements below:

- Complete the Free Application for Federal Student Aid (FAFSA)
- Complete the NYS Tuition Assistance Program (TAP) application
 - Undocumented students must complete the Jose Peralta TAP application in lieu of the FAFSA and TAP applications
- Document household size and family income from all sources

[] Please check here if you are an orphan, currently are or were in foster care or a ward of the court.

All applicants to the CD/SEEK programs must meet the economic criteria listed below established by NYS Economic Eligibility Guidelines

Household Size*	Total Annual Income	Household Size*	Total Annual Income
(including head of		(including head of	
household)		household)	
1	\$25,142	5	\$60,070
2	\$33,874	6	\$68,802
3	\$42,606	7	\$77,534
4	\$51,338	8	\$86,266

For families/households with more than 8 persons, add \$8,732 for each additional person.

Student and student's spouse (if married) must submit copies of financial documents listed below: Please check if documents are submitted by you or your spouse.

2021 IRS Tax Return Transcript or 1040 Tax Return	Student []	Spouse []
2021 Social Security Statement	Student []	Spouse []
2021 Veteran Benefit Award Letter	Student []	Spouse []
2021 Supplemental Security Income (SSI)	Student []	Spouse []
2021 Public Assistance Budget Letter	Student []	Spouse []
2021 Verification of Non-filing Letter	Student []	Spouse []

^{*}See Household Information section of this form



Household Information

Household size will be determined based on the household information provided on the Free Application for Federal Student Aid (FAFSA) or the Tuition Assistance Program (TAP). If you are selected for federal verification, you and your spouse might be required to submit additional financial documentation to validate household size to the Financial Aid Office.

Certification: I/we hereby certify that all information contained on this form is true and complete to the best of my/our knowledge. I/we have not knowingly or intentionally provided any false information. I understand that if I am found to have knowingly or intentionally given false statements or information, my eligibility for CD/SEEK program will be at risk.

Student's Signature:	Date:		
Spouse's Signature:	Date:		