



ELIGIBILITY DETERMINATION FORM Excelsior Scholarship Program

If you were recently notified by HESC that, since first enrolling in college, you (a) failed to complete an average of at least 30 combined credits per year applicable to your degree program, (b) failed to have sufficient credits accepted by your transfer college, or (c) failed to be continuously enrolled, you may still be eligible for an Excelsior Scholarship.

Interruptions in Study. By law, applicants who completed fewer credits than required and/or had a break in attendance due to (a) the death or illness of a family member, (b) documented medical leave, (c) active military service, (d) parental leave, or (e) a disability as defined by the Americans with Disabilities Act of 1990, as amended, may still be determined eligible for an Excelsior Scholarship award.

If you meet one of these conditions, please complete **Sections I through IV** below. If you had a medical/mental health diagnosis and were instructed to reduce your coursework or withdraw for a term by your physician or health care provider, you **MUST have your physician/health care provider complete the Medical Information Supplemental Form**. Once all applicable sections have been completed, please submit the completed form and all required documentation to ExcelsiorDocs@newpaltz.edu.

***Please note that all required information and documentation must be provided when submitting the Eligibility Determination Form. The eligibility determination made upon reviewing your documentation shall be based on the rules governing the Excelsior Scholarship and shall be the final determination. You must be initially on-track for Excelsior, otherwise you are not eligible to be considered for reconsideration after a break in enrollment or reduction in credits.**

I. STUDENT INFORMATION (Required):

Last Name: _____ First Name: _____ MI: _____

NP Student ID#: _____ Date of Birth: _____

Email address: _____

Academic term/year the eligibility review is requested for: _____ (example: Spring 2022)

II. REASON FOR YOUR INTERRUPTION IN STUDIES (Required) – Check ONE and provide the required documentation with your completed form.

Condition	Requirements	Notes/Additional Details
<input type="checkbox"/> Disability under ADA	To qualify under ADA, you MUST be registered with DRC as an ADA student.	Student Financial Services (SFS) will verify with DRC that you are registered as an ADA student.
<input type="checkbox"/> Parental Leave	1. Completed personal statement (Section III). 2. Birth Certificate.	The break in attendance or decrease in credits must be within one year of your newborn's birth.
<input type="checkbox"/> Called to active military duty	1. Completed personal statement (Section III). 2. Department of Defense Orders.	Personal statement must include dates of service/deployment.

<input type="checkbox"/> Immediate family member was ill or experienced a major medical issue and unable to continue full-time	1. Detailed explanation of how extenuating circumstances beyond your control prevented you from meeting the requirements. Completed personal statement (Section III). 2. Documentation from ill family member's health care provider.	Ill family member or healthcare proxy must obtain documentation from health care provider stating that family member was under the care of the student. Documentation must be on official letterhead and include relationship to patient and dates in which supervision and/or assistance was required.
<input type="checkbox"/> Bereavement – death of an immediate family member	1. Completed personal statement (Section III). 2. Death Certificate and/or Copy of Obituary.	Personal statement must include your relationship to the deceased. The break in attendance or decrease in credits must coincide with the date the immediate family member died.
<input type="checkbox"/> Medical/Mental Health diagnosis that required leaving school or attending less than full-time	1. Completed personal statement (Section III). 2. Completed Medical Information Supplemental Form by physician or health care provider.	The break in attendance or decrease in credits must coincide with dates from your physician/health care provider. Any additional documentation from physician/health care provider must be on official letterhead.

III. PERSONAL STATEMENT (Required) – Please provide a brief personal statement explaining the circumstances resulting in your interruption in studies which prevented you from meeting the eligibility requirements. *NOTE: Circumstances other than those indicated in Section II do not meet criteria as defined by State Education Law to enable you to retain your award.*

IV. STUDENT AFFIRMATION (Required)

By my signature below, I affirm, under the penalty of perjury, that the information I provided, and any supporting documentation submitted, are true and complete and will be accepted for all purposes as the equivalent of a sworn affidavit.

Student Signature: _____ **Date:** _____

Priority DEADLINE is 30 days from date the Excelsior Eligibility Determination Form is signed/submitted

Complete ALL sections and submit with requested documentation via mail or email to:

SUNY New Paltz, Student Financial Services, 200 Hawk Drive, New Paltz, NY 12561-2437 - ExcelsiorDocs@newpaltz.edu

If you indicated that you have/had a medical diagnosis that required that you leave school or attend less than full-time, your licensed physician/health care provider must complete this section.

Patient's Name: _____ DOB: _____

----- **This section is to be filled out by your licensed physician/health care provider only** -----

The above patient is an applicant for a NYS scholarship administered by the Higher Education Services Corporation (HESC). To make an eligibility determination, please provide the following information. Use additional sheets, on physician/health care provider's letterhead, if necessary. **Please complete the Medical Information Supplemental Form in its entirety including provider's signature/stamp.** Incomplete medical information may result in the denial of the student's application.

1. Was it your medical recommendation that the student stop and/or reduce their college coursework based on their medical condition?

Yes No

2. Please indicate the period when the student's medical condition impacted their college attendance:

This student needed to stop their college studies.

This occurred from: _____ to _____
start date end date

This student needed to reduce their college course load.

This occurred from: _____ to _____
start date end date

3. If applicable, did the student's medical condition necessitate a change in their program of study?

Yes No

4. Did the student change the college they attend due to this medical condition?

Yes No

5. Briefly explain how/why this student's medical condition impacted their college attendance and if this student has any restrictions upon returning to their college studies:

PHYSICIAN/HEALTH CARE PROVIDER AFFIRMATION

By my signature below, I affirm, under the penalty of perjury that the information I provided is true and complete based on my professional medical judgment and the medical records maintained in the ordinary course of business.

Physician/Health Care Provider Signature

Date

Print Name

Professional License Number/State

Address

Phone Number

Physician's Stamp: (Required)

The completed Excelsior Eligibility Determination Form (Sections I-IV) and all requested documentation including the Medical Information Supplemental Form, if required, must be submitted to the Office of Student Financial Services at SUNY New Paltz.

Mail:

SUNY New Paltz
Office of Student Financial Services
200 Hawk Drive
New Paltz, NY 12601

Email:

ExcelsiorDocs@newpaltz.edu