



HUDSON VALLEY COMMUNITY COLLEGE

HIGH SCHOOL EQUIVALENCY SCHOLARSHIP REQUEST FORM

Student Name: _____

SS# _____ Date of Birth: _____

Address: _____

Telephone (Home) _____ (Cell) _____

Email Address: _____

DETERMINATION OF INCOME ELIGIBILITY GUIDELINES

Use the chart below to determine if you are eligible for a scholarship and circle appropriate household size

Please submit a copy of your 2024 Income Tax Return or a paystub along with this form.

HOUSEHOLD SIZE	INCOME		
	Year	Month	Week
1	27,861	2,322	536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876
For each additional family member add	+9,953	+830	+192

* If your household income exceeds the amount listed for your household size please send in your request anyway. If we have additional funds to award we may extend the eligibility requirements.

If awarded a scholarship I acknowledge I am responsible for submitting a valid NYS Certificate of Residence (if needed), and am responsible for any materials fees. If I do not officially withdraw from the High School Equivalency course I will forfeit future scholarship eligibility.

Student Signature _____

Date _____

Additional information that you feel should be considered in determining need:

PLEASE RETURN TO: Hudson Valley Community College
Office of Workforce Development & Community Education
80 Vandenberg Avenue Email: communityed@hvcc.edu
Troy, NY 12180 Phone (518) 629-7339 Fax (518) 629-8103

To the best of my knowledge, the information herein provided is accurate in all particulars.