



**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 2020 Income Tax Return or a paystub along with this form.**

HOUSEHOLD SIZE	INCOME		
	Year	Month	Week
1	23,606	1,968	454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
For each additional family member add	+8,288	+691	+160

\* 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:**

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PLEASE RETURN TO: Hudson Valley Community College  
 Office of 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.