



College of Mount Saint Vincent HEOP CHECKLIST 2017-2018

Consideration for the College of Mount Saint Vincent Higher Education Opportunity Program is dependent upon students meeting all the eligibility requirements including, but not limited to, financial income criteria as established by New York State. To confirm your eligibility, you must submit the following financial documentation by **March 15, 2017**.

_____ CMSV EZ Pre-Screen Verification (enclosed) – must be signed by parent/guardian and student. If you did not work, be sure to provide documentation of type of income received and the amount (i.e. social security statement, public assistance, SSI, etc). **Please make sure every question is answered on this form. Incomplete forms will not be reviewed.**

_____ Copy of 2015 NYS tax return if filed and all W-2's and 1040 forms. Please submit 2016 state tax returns if available as well. If your family does not file taxes, please provide proof of income.

_____ 2015 IRS Tax Transcript—The transcript may be requested online at <http://www.irs.gov/get-transcript> or call 1-800-908-9946. Please note it may take 10 to 14 business days for the tax return transcript to be mailed to you if you filed electronically, or 4 to 6 weeks if you filed a paper tax return. Be sure to allow sufficient time to collect this documentation to meet the **March 15th deadline**.

_____ Copy of confirmation of FAFSA filing

In order to receive admission to HEOP, students must file the Free Application for Federal Student Aid (FAFSA) and NYS TAP (Tuition Assistance Program).

Please read all instructions carefully and complete the attached form as requested. Incomplete files will delay full admission to CMSV. If you have any specific questions regarding financial eligibility, please contact the HEOP Financial Aid Liaison, Donna Holloway, at Donna.Holloway@mountsaintvincent.edu.

Return all documents to:
College of Mount Saint Vincent Office for Admission
Attention: Laura Zarychta
6301 Riverdale Avenue
Riverdale, NY 10471.

Documents may also be faxed to 718-549-7945 or scanned and emailed to Laura.Zarychta@mountsaintvincent.edu

DEADLINE: March 15, 2017



HEOP EZ Pre- Screen Eligibility Worksheet

Applicant Name: _____

Address: _____

Phone: _____ Email Address: _____

PLEASE ANSWER EVERY QUESTION ON THIS FORM TO BE CONSIDERED FOR HEOP

1. Total number of people living in your household, including yourself _____

Please list the name, age, and relationship to you of all members of your household, including yourself:

	Full Name of Person	Age	Relationship to You	Does this person work or attend college? Please indicate
1.				
2.				
3.				
4.				
5.				
6.				

Enclose additional sheet of household members in excess of 6 people

2. Parents' Marital Status:

Married Divorced Separated Never Married Widowed Legal Guardian

3. Parent 1 Total Income from Work in 2016 (if available) _____

4. Parent 2 Total Income from Work in 2016 (if available) _____

5. Parent 1 Total Income from Work in 2015 _____

6. Parent 2 Total Income from Work in 2015 _____

7. Does anyone in your household receive child support? Yes No

If yes, what is the total amount received for ALL children in the household in 2016? _____

If yes, what is the total amount received for ALL children in the household in 2015? _____

8. Did you or your family receive Public Assistance from Social Services in 2016? Yes* No

If so what type of assistance was it? Check all that apply: Food Stamps Rent Medical Others

9. Did you or your family receive Public Assistance from Social Services in 2015? Yes* No

If so what type of assistance was it? Check all that apply: Food Stamps Rent Medical Others

10. Did you or any member of your family receive Social Security benefits in 2016 or 2015? Yes* No

If yes, how much was the total received by ALL family members combined in 2016? _____

If yes, how much was the total received by ALL family members combined in 2015? _____

***If your family received Public Assistance or Social Security in 2015 or 2016, please provide documentation.**

11. Is there any special circumstance(s) you wish to share regarding your financial situation? Yes No

If so, please attach additional sheet with details regarding the special circumstance(s).

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

**PLEASE RETURN THIS
COMPLETED FORM BY
March 15, 2017**