

If you were recently notified by New York State 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, or (b) 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 (pages 1-2). If you had a medical/mental health diagnosis and were instructed to reduce your coursework or withdraw for a term by your medical/mental health care provider, you must have your provider complete the additional Supplemental Medical Information Form (pages 3-4).

You **must** have the minimum credits for Excelsior at the time of your break in enrollment or reduction in credits, otherwise you are not eligible to be considered for review. All required information and documentation must be provided when submitting the Eligibility Determination Form. Appeals must be submitted within a reasonable time during the academic year the appeal is requested, or prior to the close of the academic year.

The eligibility determination made upon reviewing your appeal will be based on the New York State Education Law governing the Excelsior Scholarship and shall be the final determination.

Students whose current income or prior year adjusted gross income is \$125,000 or below due to the disability, divorce or separation of a parent, spouse or the student or the death of a parent or spouse may request a review of their eligibility directly by New York State HESC. You can find more information on this type of appeal here: [Excelsior Scholarship](#).

I. STUDENT INFORMATION (Required)

Student Last Name	First Name	MI	Suffix	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 10%;">N</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>	N									
N														
				Student ID Number										
New Paltz Email Address				Date of Birth										

Academic term that your interruption in study occurred (you may only list one term).
If requesting an eligibility determination for multiple semesters, you must submit this form for each term.

II. REASON FOR YOUR INTERRUPTION IN STUDIES (Required)

Check one condition and provide the required documentation with your completed form.

Conditions	Requirements	Notes/Additional Details
<input type="checkbox"/> Medical/Mental Health Student had a diagnosis that required leaving school or attending less than full-time	Supplemental Medical Information Form (pages 3-4) completed by your medical/mental health care provider	The break in attendance or reduction in credits must coincide with dates from your medical/mental health care provider. Any additional documentation from provider must be on official letterhead.
<input type="checkbox"/> Military Student called to active duty	Department of Defense Orders	Personal Statement (next page) must include dates of service/deployment.

Conditions are continued on the next page.

Conditions (continued)	Requirements	Notes/Additional Details
<input type="checkbox"/> Family Medical/Mental Health Student had to care for immediate family member due to medical/mental health diagnosis and was unable to continue full-time study	Documentation from family member's medical/mental health care provider	Your family member or their proxy must obtain documentation from their medical/mental health care provider stating that family member was under the care of the student. Documentation must be on official letterhead, include student's relationship to patient, and dates in which student supervision and/or assistance was required.
<input type="checkbox"/> Bereavement Death of an immediate family member	Death Certificate and/or Obituary	Personal Statement (below) must include student's relationship to the deceased. The break in attendance or reduction in credits must coincide with the date the immediate family member died.
<input type="checkbox"/> Parental Leave Student cares for newborn child	Birth Certificate(s)	The break in attendance or reduction in credits must be within one year of your newborn child's birth.

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. Circumstances other than those indicated in Section II do not meet criteria as defined by New York State Education Law to enable you to retain your award.

IV. STUDENT AFFIRMATION (Required)

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

Student Signature

Date

Return the completed form and requested documentation to us:

Email (Preferred)
ExcelsiorDocs@newpaltz.edu

FAX
845-257-3568

Mail
Student Financial Services
200 Hawk Drive
New Paltz, NY 12561-2437

Updated 12/1/2023

MEDICAL/MENTAL HEALTH CARE PROVIDER AFFIRMATION

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.

Provider Last Name First Name MI Suffix

Date

Provider License Number

Provider State of Licensure

Practice/Hospital/Facility Name

Provider's Stamp (Required):

Address

Phone Number

Provider Signature

Return the completed form, supplemental medical information, and requested documentation to us:

Email (Preferred)
ExcelsiorDocs@newpaltz.edu

FAX
845-257-3568

Mail
Student Financial Services
200 Hawk Drive
New Paltz, NY 12561-2437