Are You a Permanent Resident of New York State?  Yes ☐ No ☐

*You must be a NYS Resident and a US Citizen or an eligible non-citizen to be considered for HEOP.
All HEOP candidates must be both academically and economically eligible for the program.

E-mail Address: ________________________________

Please check the application deadline you are applying for:
Early Action - November 15 ☐
Regular Decision - February 1 ☐

EDUCATION

Full Name of Current High School: __________________________________________________
CEEB Code: ________________________________
Private ☐ Public ☐ Other ☐ ________________________________
Graduation Year: ________________________________
School Address: __________________________________________________
Guidance Counselor: __________________________________________
Phone: ________________________________
Counselor E-mail: __________________________________________

Other High School Attended: __________________________________________________
CEEB Code: ________________________________
School Address: __________________________________________________
Private ☐ Public ☐ Other ☐ ________________________________
Dates Attended: ________________________________

Other High School Attended: __________________________________________________
CEEB Code: ________________________________
School Address: __________________________________________________
Private ☐ Public ☐ Other ☐ ________________________________
Dates Attended: ________________________________

TEST SCORES AND GPA

Overall High School GPA: ________________________________
GED Score (if taken) ______________ Date: _____ / _____ / ______

SAT

Exam Date Critical Reading Math Writing Exam Date Critical Reading Math Writing
Exam Date Critical Reading Math Writing Exam Date Critical Reading Math Writing

ACT

Exam Date Composite Writing Exam Date Composite Writing
Exam Date Composite Writing Exam Date Composite Writing

☐ I have not yet taken the ACT/SAT. I will take it on _____ / _____ / ______
☐ I do not plan to take the ACT/SAT
FINANCIAL INFORMATION

Students are considered automatically economically eligible, if they have documentation that shows they fall into one of the following categories:

Check if the statement applies:

☐ The student’s family is the recipient of a family assistance program (Public Assistance/Welfare), or safety net assistance through the New York State Office of Temporary and Disability Assistance or a county department of social services; or is the recipient of family day-care payments through the New York State Office of Children and Family Assistance or a county department of social services.

☐ The student is living with foster parents who do not provide support for college and money is not provided from the natural parents; or the student is a ward of the state or a county.

Please provide the following information for all persons living in your household last year. Include yourself, parent(s), their dependent children, or your spouse, your dependent children, or other people only if they live and were supported within the same household during Jan. 1 and Dec. 31, 2013. Please indicate family members who will or are enrolled in college with a star (*).

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to Applicant</th>
<th>Occupation</th>
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What is your family’s source(s) of income? (check all that apply)

☐ Employment/Work ________________________ = Total Income for 2012 *(Located on line 22- IRS Form 1040, or line 15 on form 1040-A)

☐ Supplement Security Income _____________ = Total SSI Received (for all family members)

☐ Social Security Benefits ________________ = Total Amount (Including Student Applicant)

☐ Public Assistance ________________________ = Total

☐ Child Support ____________________________ = Total for all children in household

☐ Other Income ____________________________________________

Do you project this year’s income to remain the same as last year?  __ Yes  __ No  If ‘No’ please explain: ________________________

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ECONOMIC GUIDELINES

This table is subject to change after January, 2014

<table>
<thead>
<tr>
<th>Number in Household: (including head of household)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Annual Income in preceding calendar year:</td>
<td>$21,257</td>
<td>$28,694</td>
<td>$36,131</td>
<td>$43,568</td>
<td>$51,005</td>
<td>$58,442</td>
<td>$65,879</td>
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</tbody>
</table>

To determine final financial eligibility, you are required to submit your or your parent(s) completed and signed 2013 tax return with all schedules, or Social Security Benefits form 1099, to the HEOP Office.

Signature of Applicant ________________________ Date ________________________

This form should be completed and returned to:
Marist College, Office of Undergraduate Admission – 3399 North Road, Poughkeepsie, NY 12601

Note: All students must also complete an application for admission to Marist College.