

Have you received a state award (Tuition Assistance Program, Regents Scholarship, Empire State Fellowship Challenger)?

Yes No

Have you had or will you be applying for a Stafford Loan (formerly the Guaranteed Student Loan)?

Yes No

Do you have a driver's license: Yes No

If yes, in what state was your license issued? _____

Date Issued _____ / _____ Driver's License Number _____ (Attach copy of Driver's License)

Do you own a car? Yes No

If yes, in what state is your car registered? _____ Registration Date: _____ (Attach copies of registration)

In what state did you (or your spouse) file resident taxes for: 2024 _____

Where will you file for 2025: _____
(Attach copies of your tax returns for prior two years)

Section B

*If financially dependent on your parents, and your parents are NY residents, skip this section and have parents complete Section C. If you are financially dependent on your parents, who are residents of another state, **STOP**, you are not eligible for in-state tuition.*

Did you or will you live in an apartment, house or building owned or leased by your parents for more than six (6) weeks during:

2025: Yes No 2024 Yes No

Were you or will you be claimed as a dependent on your parents' federal or state income tax return for:

2025: Yes No 2024 Yes No

(If under 25 as of previous Dec. 31, attach copies of your parent/guardian's tax returns for prior two years)

Are you an emancipated minor or adult student who is financially independent from parental support?

Yes No

If yes, when did you become independent? _____ / _____
Month Year

List sources of financial support for last two years and **assistantships are offered by ESF** (provide copy of offer letter)

From/To	Name and Address of Employer	Hours Worked per Week

If not employed, please list financial resources.

Applicant's Affirmation:

I do hereby affirm that I am a resident of New York State and that it is my intention to remain in New York State, and that all information provided on this form, and attachments thereto, is accurate, complete and true to the best of my knowledge. I understand that providing false information knowingly will disqualify me from consideration for New York State residency status.

Date: _____ Signature _____

Section C

*To be completed by the person who claimed or will claim you as a dependent for income tax purposes in **2024** or **2025**, or the non-custodial parent (if applicable)*

Name _____ Relationship _____

Permanent Address _____

Street

City

State

Zip Code

Telephone Number: _____ Email Address: _____

Length of time at this address (insert figures). ____/____

Citizenship: US Other If other, please specify: _____

Please list states in which you filed or will file **resident** taxes during:

2025 _____ 2024 _____ 2023 _____

Affirmation:

I do hereby affirm that the above information provided is accurate, complete and true to the best of my knowledge.

Date: _____ Signature _____