



Excelsior Scholarship Eligibility Determination Form Section I - IV

This form is used to request a re-evaluation of your eligibility for the New York State Excelsior Scholarship. To determine your eligibility, it is imperative to submit documentation in support of your appeal.

The New York State Excelsior Scholarship requires continuous enrollment along with other requirements to maintain eligibility. If you have been determined ineligible, you may request a re-evaluation if you:

- failed to complete an average of at least 30 combined credits per year applicable to your degree program, or
- failed to have sufficient credits accepted by your transfer college, or
- failed to be continuously enrolled

Interruptions in Study

By State 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,
- e. or, a disability as defined by the Americans with Disabilities Act of 1990, as amended, may still be determined eligible for an Excelsior Scholarship award
- f. one term break in attendance if transferring from a college with a non-standard Academic Calendar (examples: LaGuardia Community College (LAG), Kingsborough Community College (KCC), and/or Guttman Community College (GCC)).

If you meet one of these conditions, please complete **sections I through IV** below. If you had a **medical diagnosis** and were instructed to reduce your coursework or withdraw for a term by your physician or health care provider, you **must have your physician/health care provider complete section V**. Once all applicable sections have been completed, please log into your student CUNYfirst account, and upload the completed form and all required documentation.

Please indicate if you will be completing **section V**
Section V (Medical Information) form can be found on the [CUNY website](#).

*Please note that all required information and documentation must be provided when submitting the Eligibility Determination Form.

The eligibility determination made upon reviewing your documentation shall be based on the rules governing the Excelsior Scholarship and shall be the final agency determination.

I. Student Information

First Name

Last Name

M.I.

College

Student ID

Date

Phone

Email

Academic Year

II. Reason for interruption in your studies (Please select one of the reasons below)

Condition		Requirements	Things to Notice
<input type="checkbox"/>	One term break in attendance if transferring from LAG/KCC/GCC to standard term college	Student must be enrolled and complete last session of a term at LAG/KCC/GCC and is unable to start at new standard term college as the terms are concurrent	CUNY will verify that there is no full-term break between the last session at LAG/KCC/GCC and that the student could not commence at a standard college the following term
<input type="checkbox"/>	I have a disability under the ADA	To qualify under ADA, you must be registered with your college as an ADA student	CUNY will verify that you are registered as an ADA student with your college
<input type="checkbox"/>	I have/had a medical diagnosis that required that I leave school or attend less than full time	1. Section V completed by your physician/health care provider	The break in attendance or decrease in credits must coincide with dates from your physician/health care provider. Any additional documentation from physician/health care provider must be on official letterhead
<input type="checkbox"/>	I took parental leave	1. Typed personal statement in space provided below 2. Birth Certificate	The break in attendance or decrease in credits must be within one year of newborn's birth
<input type="checkbox"/>	An immediate family member was ill or experienced a major medical issue and I was unable to continue full-time	1. Detailed explanation of how extenuating circumstances beyond your control prevented you from meeting the requirements. Please use space provided below	Ill family member or healthcare proxy must obtain documentation from health care provider stating that family member was under the care of the student. Documentation must be on official letterhead and include relationship to patient and dates in which supervision and/assistance was required
<input type="checkbox"/>	I was called to active military duty	1. Typed personal statement in space provided below 2. Department of Defense Orders	Personal statement below must include dates of service/deployment
<input type="checkbox"/>	Bereavement – Death of an immediate family member	1. Typed personal statement in space provided below. 2. Death Certificate and/or copy of Obituary	Personal statement must include your relationship to the deceased. The break in attendance or decrease in credits must coincide with the date the immediate family member died

III. Personal Statement

Please provide a brief personal statement explaining the circumstances resulting in your interruption in studies which prevented you from meeting the eligibility requirements.

***Note:** Circumstances listed below may not meet the criteria as defined by State Education Law to enable you to retain your Excelsior Scholarship.

IV. Disclaimer and Signature

I understand that if I purposely give false or misleading information, I could be fined, jailed or both.

Student Signature: _____

Date: _____