

NYS Tuition Assistant Program (TAP) Application for Incarcerated Individuals

Getting Started

To get started, please refer to the guidance outlined below. For a more detailed walkthrough, refer to the [step-by-step instructions](#).

- **Program Acceptance:** The applicant must be accepted into a higher education program at an institution recognized as a Prison Education Program.
- **Required Information:** Gather all necessary information required for each application section. Note that the 2025-26 TAP awards are based on 2023 income. Be sure to enter information exactly as it appears on the applicant’s 2023 federal or NYS tax return.
- **Application Completion:** The paper application form must be filled out by the applicant or their Financial Aid Officer (FAO) or Education Representative.

Tips for Completing the Application

- Provide this information unless it's not possible due to family dissolution or the family is no longer responsible for the applicant’s care.
- Submit accurate details to prevent delays in award payments. Ensure dates are in the correct format (MM/DD/YYYY).
- Review questions A8 and A9 carefully regarding citizenship and residency. Your answers may dictate skipping certain sections. Applicants not meeting residency requirements must fill out the [DREAM Act Questionnaire](#).

Finalizing the Application

- Once the paper application is complete, the applicant's FAO or Education Representative must input the information into the [Online application](#). During the first login, the FAO or Education Representative will need to register for an account.

A APPLICANT INFORMATION					
1	First name	2	MI (optional)	3	Last name
4	DOB: MM/DD/YYYY		___/___/___		
Correctional Facility Information					
5	Name of the applicant’s Correctional Facility:				
	County:		State: NY	Zip Code:	
Student College					
6	Name of the College in which the applicant is/will be enrolled:				
7	Student ID				



Student Citizenship and Immigration Status				
8	Select applicant's current citizenship or immigration status (Select One): <i>Please see instructions for definitions of citizenship or immigration status.</i>			
	<input type="checkbox"/> 1. U.S. Citizen	<input type="checkbox"/> 2. Permanent Resident Alien	<input type="checkbox"/> 3. Paroled Refugee	<input type="checkbox"/> 4. T-Visa
	<input type="checkbox"/> 5. U-Visa	<input type="checkbox"/> 6. Temporary Protected Status (TPS)	<input type="checkbox"/> 7. Deferred Action for Childhood Arrivals (DACA) status	<input type="checkbox"/> 8. Without lawful immigration status
State of Residence				
9	On 9/1/2024, was the applicant incarcerated?	<input type="checkbox"/>	Yes (<i>Must answer question 9.a below</i>)	<input type="checkbox"/> No (<i>Must answer question 9.b below</i>)
9.a	In what state did the applicant reside before they were incarcerated?	<input type="checkbox"/>	New York State	<input type="checkbox"/> A state other than New York State
9.b	In what state did the applicant reside from 9/1/2024 to the date they were incarcerated?	<input type="checkbox"/>	New York State	<input type="checkbox"/> A state other than New York State
Student SSN/TIN				
10	Has the applicant ever been issued an SSN/TIN?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No (<i>must complete Section F</i>)
11	If Yes, Enter the applicant SSN/TIN		-----	
B FINANCIAL DEPENDENCY AND AWARD SCHEDULE				
The following questions are asked to determine the applicant's financial dependency status and award schedule. Select the options that are applicable:				
1	Is the applicant a Foster Youth, Ward of the Court, or Orphan at or after age 13? (<i>Supporting document required, see instructions</i>)	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
2	Is the applicant honorably discharged from full-time active military service? (<i>Supporting document required, see instructions</i>)	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
2.a	Is the applicant able to provide their DD214?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
3	Was the applicant claimed as a dependent on the parent's Federal or State income tax return?	2024	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		2025	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Did the applicant live with a parent, stepparent, or adoptive parent for more than six weeks?	2024	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		2025	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Did the applicant receive more than \$750 from a parent, stepparent, or adoptive parent?	2024	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		2025	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Does the applicant have one or more dependent children as of 12/31/2024?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
7	Was the applicant 22 years or older on 06/30/2025?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
8	As of 12/31/2024, what best describes the applicant's marital status:	<input type="checkbox"/>	Single	<input type="checkbox"/> Married
				<input type="checkbox"/> Separated/Divorced but not remarried/Qualifying widow(er)
Students who are under 22 years old and satisfy certain prescribed criteria are considered independent for NYS financial aid purposes. Select what describes the applicant the best, as of 06/30/2025: (Applicant must provide supporting documents if they answer 'Yes' to any of the questions below. See instructions.)				
9	Both of my parents were totally and permanently disabled	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
10	Both of my parents were declared incompetent	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
11	My family is dissolved / my parents are no longer or will no longer be responsible for my care	<input type="checkbox"/>	Yes	<input type="checkbox"/> No



12	I received or will be receiving public assistance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
C APPLICANT/ SPOUSE INCOME (As reported on the 2023 tax return)							
1	Applicant / Spouse Tax Filing Status	<input type="checkbox"/>	Single -Unmarried	<input type="checkbox"/>	Single- Separated/Divorced but not remarried		
		<input type="checkbox"/>	Head of household	<input type="checkbox"/>	Married--filed joint return		
		<input type="checkbox"/>	Married--filed separate return	<input type="checkbox"/>	Qualifying widow(er)		
		<input type="checkbox"/>	I was not required to file a return for the 2023 tax year				
2	In what state did the applicant file their 2023 tax return?	<input type="checkbox"/>	New York State	<input type="checkbox"/>	A state other than New York State	<input type="checkbox"/>	I was not required to file a return for that tax year
Spouse Information: If the applicant was married on 12/31/2023, the applicant will need to answer questions 3 through 7: Pl. provide the information as reported on the 2023 tax return)							
3	Check here if the applicant is unable to provide their spouse's information: (if checked, skip questions 4 through 7; Go to question 8; See instructions)				<input type="checkbox"/>		
4	In what state did the applicant's spouse file their 2023 tax return?	<input type="checkbox"/>	New York State	<input type="checkbox"/>	A state other than New York State	<input type="checkbox"/>	Spouse was not required to file a return for that tax year
5	Has the spouse ever been issued an SSN/TIN?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
6	If Yes, enter the spouse's Social Security Number/TIN (As reported on the 2023 tax return.)				-----		
7	a. Spouse's First Name:			b. Spouse's Last Name:			
8	Did the applicant and/or spouse (if married) receive any Pension Income?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
D PARENT'S INCOME (As reported on the 2023 tax return)							
1	Check here if the applicant is unable to provide information about their Parent/s: (if checked, skip questions from Sections D and E but must complete Section F; See instructions)				<input type="checkbox"/>		
2	Parent's Tax Filing Status	<input type="checkbox"/>	Single -Unmarried	<input type="checkbox"/>	Single- Separated/Divorced but not remarried		
		<input type="checkbox"/>	Head of household	<input type="checkbox"/>	Married--filed joint return		
		<input type="checkbox"/>	Married--filed separate return	<input type="checkbox"/>	Qualifying widow(er)		
		<input type="checkbox"/>	Parent(s) was not required to file a return for the 2023 tax year				
3	In what state did the applicant's parents file their 2023 tax return?	<input type="checkbox"/>	New York State	<input type="checkbox"/>	A state other than New York State	<input type="checkbox"/>	Not required to file a return for that tax year
4	For New York State student financial aid program purposes only, child support payments received are considered as other income. Pl. answer the question below if the applicant's custodial parent received any child support payments for the applicant in the tax year 2023:						
	Enter the total amount in child support payments the custodial parent received in 2023, for the applicant, from the non-custodial/other parent (Enter 0, if not applicable)				\$ _____ .00		
5	Did parent(s) receive any Pension Income in 2023?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
E PARENT'S INFORMATION (As reported on the 2023 tax return; See instructions)				Check here if this section is not applicable <input type="checkbox"/>			
1	Has Parent 1 ever been issued an SSN/TIN?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
2	If Yes, Parent 1's Social Security Number/TIN				-----		
3	a. Parent 1's First Name:			b. Parent 1's Last Name:			
4	Has Parent 2 ever been issued an SSN/TIN?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		



5	If Yes, Parent 2's Social Security Number/TIN		_____
6	a. Parent 2's First Name:	b. Parent 2's Last Name:	
F	SELF-REPORTED HOUSEHOLD INCOME (See instructions for "Who must complete this section?")		
<i>Applicant's household income is considered to be the income of the applicant (if a financially independent student), OR applicant and their spouse (if married), OR applicant and their parents/stepparents/adoptive parents with whom the applicant resided during the tax year 2023. Household income should include any pension income and/or child support payments received.</i>			
1	Enter the applicant's total household income for the tax year 2023:	\$ _____ .00	
G	OTHER FAMILY MEMBERS ATTENDING COLLEGE FULL-TIME		
<i>Enter information for the other family member who will be a full-time college student between July 1, 2025, and June 30, 2026. Note: Enter the Relationship as listed below. Independent students may only claim spouse or dependent children (See instructions)</i>			
<i>Relationships: 1) Child (Step) 2) Parent (Step/Adoptive) 3) Sibling (Step) 4) Spouse</i>			
1. Last name	2. First name	3. Social Security Number/TIN (if any)	4. Relationship

H	AFFIRMATION & CONSENT - APPLICANT		
I affirm, under penalty of perjury under the laws of New York State ("NYS") that the information contained and/or submitted herein is true and complete. I authorize the NYS Higher Education Services Corporation ("HESC") to provide NYS agencies with any information needed to verify the statements made herein. I authorize such agencies to provide HESC with the information needed to assess the applicant's eligibility for NYS financial aid, including tax return information, for all periods reported herein and for any and all subsequent periods for which financial aid is sought. I further authorize the school that I will attend to enter the information reported on this form into the HESC or its agent's system as reported herein. I further affirm that any information included in the instant application that is transferred into the HESC or its agent's system by the Financial Aid Officer ("FAO") of the school to which I have been admitted and for purposes of obtaining financial aid for my benefit, shall have the same effect as if directly reported by me.			
Applicant's Signature:		Date: __/__/_____	
I	AFFIRMATION & CONSENT: PARENT/S AND SPOUSE		
I affirm, under penalty of perjury under the laws of New York State ("NYS") that the information contained and/or submitted herein is true and complete. I authorize the NYS Higher Education Services Corporation ("HESC") to provide NYS agencies with any information needed to verify the statements made herein. I authorize such agencies to provide HESC with the information needed to assess the applicant's eligibility for NYS financial aid, including tax return information, for all periods reported herein and for any and all subsequent periods for which financial aid is sought.			
Parent 1 signature:		Date: __/__/_____	
Parent 2 signature:		Date: __/__/_____	
Spouse signature:		Date: __/__/_____	
J	AFFIRMATION: School Financial Aid Officer/ Education Representative		
I the undersigned _____ acting in my capacity as the Financial Aid Officer ("FAO")/ Education Representative for (school) _____ do affirm that I will accurately transfer the information conveyed by the applicant on this form into HESC or its agent's system as provided by the applicant. Any information obtained from the instant application shall have the same effect as if directly reported by the applicant.			
Email:		Phone:	
Financial Aid Officer Signature/ Education Representative signature:		Date: __/__/_____	