



DREAM ACT QUESTIONNAIRE FOR INCARCERATED STUDENTS

This questionnaire is used to determine an applicant’s eligibility to apply for a NYS-TAP award under the provisions of the New York State DREAM Act.

Please refer to the guidance outlined below before starting this application. For a more detailed walkthrough, refer to the Instructions on page 3

- Email the completed questionnaire and any required citizenship or immigration-supporting documentation to TAP-is@hesc.ny.gov.
- Upon approval of an applicant’s DREAM Act eligibility, the financial aid officer or educational representative will be authorized to enter the applicant’s information into the online system for processing tap applicants who are incarcerated.
- If the applicant is deemed **ineligible** to apply under the DREAM Act, the applicant must sign **section H**, and the school representative must sign **section J** of the TAP for Incarcerated Paper Application. A copy of the signed application will be emailed to TAP-is@hesc.ny.gov. The school representative **will not** enter any information into the online application for such an applicant.

A APPLICANT INFORMATION					
1	Last name	2	First name	3	MI (optional)
4	DOB: MM/DD/YYYY		___/___/___		
5	Select the applicant’s current citizenship or immigration status (Select One):				
	<input type="checkbox"/> 1. U.S. citizen having their permanent home outside of New York State	<input type="checkbox"/> 2. Permanent lawful resident having their permanent home outside of New York State	<input type="checkbox"/> 3. Paroled Refugee having their permanent home outside of New York State	<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	
6	Applicant SSN/TIN: (If applicable)		-----		
B APPLICANT EDUCATIONAL INFORMATION					
<i>To be eligible under the NYS DREAM Act, the applicant must have (a) attended a New York State high school for two years and graduated from a NYS high school; (b) earned a high school equivalency diploma in NYS or (3) be charged in-state tuition by SUNY or CUNY for a reason other than residency.</i>					
1	If the applicant was awarded a high school diploma, please enter information regarding the high school from which the applicant graduated.				
	Name of the High school:				
	City:		Zip code:		
	Date of High School Graduation: (MM/YYYY)		___/___		
2	If the applicant was awarded a high school equivalency (HSE) diploma, please enter information regarding the state in which such HSE diploma was issued.				



	Name of the State where the applicant earned their HSE diploma:	
	Date when HSE was earned (MM/YYYY)	____/____
3	If the applicant did not earn a NYS high school diploma or a NYS HSE diploma, please answer the following question:	
	Was the Applicant or will the Applicant be charged In-State tuition at a SUNY or CUNY college for a reason other than residency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	If the Applicant is currently enrolled, was previously enrolled, or will be enrolling in college in pursuit of a degree, what year did the applicant <u>first</u> enroll in an undergraduate program of study in pursuit of a degree? (YYYY):	_____
C	AFFIRMATION & CONSENT - APPLICANT	
<p>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 prior periods 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.</p>		
Applicant's Signature:		Date: ____/____/____
D	AFFIRMATION: School Financial Aid Officer/ Education Representative	
<p>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.</p>		
Email:		Phone:
Financial Aid Officer Signature/ Education Representative signature:		Date: ____/____/____



DREAM ACT QUESTIONNAIRE INSTRUCTIONS

SECTION A: APPLICANT INFORMATION

The Senator José Peralta New York State DREAM Act gives undocumented and other students access to New York State-administered grants and scholarships that support their higher education costs. An incarcerated student may become eligible for a NYS TAP award under the provisions of the NYS DREAM Act if their citizenship or immigration status meets one of the requirements below:

A U-Visa, T-Visa, Temporary Protected Status, Deferred Action for Childhood Arrivals (DACA), or Without lawful immigration status having their permanent home inside of New York State

OR

A U.S. citizen, permanent lawful resident, paroled refugee having their permanent home outside of New York State.

A.1 LAST NAME. Enter the applicant's legal last name.

A.2 FIRST NAME. Enter the applicant's legal first name.

A.3 MIDDLE INITIAL (OPTIONAL). Enter the applicant's middle initial (optional).

A.4 DATE OF BIRTH. Enter the month (01 to 12), day (01 to 31), and full year (e.g., 1975) of the applicant's date of birth.

A.5 CITIZENSHIP OR IMMIGRATION STATUS (SELECT ONLY ONE).

Box 1: U.S. CITIZEN HAVING THEIR PERMANENT HOME OUTSIDE OF NEW YORK STATE. An individual born in any of the 50 U.S. states, the District of Columbia, or any inhabited territory (except American Samoa), or a naturalized citizen. EMAIL APPLICANT'S BIRTH CERTIFICATE WITH THE COMPLETED QUESTIONNAIRE

Box 2: PERMANENT RESIDENT ALIEN HAVING THEIR PERMANENT HOME OUTSIDE OF NEW YORK STATE: U.S. permanent resident with an Alien Registration Receipt Card (I-551); or (2) a conditional permanent resident (I-551C). EMAIL THE APPLICANT'S PERMANENT RESIDENT CARD OR ALIEN REGISTRATION RECEIPT (FORM-551) WITH THE COMPLETED QUESTIONNAIRE

Box 3: PAROLED REFUGEE HAVING THEIR PERMANENT HOME OUTSIDE OF NEW YORK STATE: Eligible non-citizen with an Arrival-Departure Record (I-94) from the U.S. Citizenship and Immigration Services showing any one of the following designations: "Refugee," "Asylum Granted," "Indefinite Parole," or "Humanitarian Parole." EMAIL APPLICANT'S I-94 ARRIVAL/DEPARTURE RECORD WITH THE COMPLETED QUESTIONNAIRE



Box 4: T-VISA: A temporary immigration benefit that enables certain victims of a severe form of trafficking to remain in the United States. EMAIL APPLICANT'S I-797, NOTICE OF ACTION, WITH AN I-94 WITH THE COMPLETED QUESTIONNAIRE

Box 5: U-VISA: Set aside for victims of certain crimes who have suffered mental or physical abuse and are helpful to law enforcement or government officials in the investigation or prosecution of criminal activity. EMAIL THE APPLICANT'S USCIS APPROVAL LETTER FOR U STATUS, WITH AN I-94 AT THE BOTTOM OF THE LETTER, OR AN I-94 CARD AND WORK PERMIT WITH THE COMPLETED QUESTIONNAIRE

Box 6: TEMPORARY PROTECTED STATUS (TPS): Allows a foreign national to remain in the U.S. if, during the time they were in the U.S., something catastrophic happened in their country of origin preventing their safe return – for example, war, famine, natural disaster, or epidemic. EMAIL APPLICANT'S APPROVED I-797 NOTICE OF ACTION WITH THE COMPLETED QUESTIONNAIRE

Box 7: DEFERRED ACTION FOR CHILDHOOD ARRIVALS (DACA): Allows certain people who came to the U.S. as children and meet several guidelines to receive deferred action to defer removal against an individual for a certain period of time. NO DOCUMENTATION IS REQUIRED FOR STUDENTS WITH DACA STATUS

Box 8: WITHOUT LAWFUL IMMIGRATION STATUS: living in the U.S. unlawfully either because lawful status never existed or has ended (including those with DACA status). NO DOCUMENTATION IS REQUIRED FOR STUDENTS WITHOUT LAWFUL IMMIGRATION STATUS IF LAWFUL STATUS NEVER EXISTED; IF LAWFUL STATUS HAS ENDED, EMAIL A COPY OF EXPIRED VISA, LETTER OF APPROVAL, RECORD OR NOTICE OF ACTION WITH THE COMPLETED QUESTIONNAIRE.

A.6 Applicant SSN/TIN. The applicant's SSN/TIN will be used for application processing only. Applicant must provide SSN/TIN, if available.

SECTION B: APPLICANT EDUCATIONAL INFORMATION

B.1 HIGH SCHOOL INFORMATION. Enter the (i) name of the high school from which the applicant graduated, (ii) the city and zip code in which the high school is located, and (iii) the month and year in which the applicant graduated from high school.

B.2 HIGH SCHOOL EQUIVALENCY INFORMATION. Enter the state in which the applicant earned their high school equivalency diploma and the year in which the applicant received their New York State HSE diploma.

B.3 IN-STATE TUITION. If applicant is attending a public college, select YES if the applicant is charged in-state tuition for a reason other than being a resident of NYS; select NO if the applicant is charged the non-resident tuition rate.



B.4 YEAR THE APPLICANT FIRST ENROLLED IN AN UNDERGRADUATE PROGRAM OF STUDY IN PURSUIT OF A DEGREE. Enter the four-digit year in which the applicant first enrolled or will enroll in an undergraduate program of study leading to a degree (do not include attendance in pursuit of a certificate or other non-degree credential).
