

INFORMATION ON DECEASED OR DISABLED FAMILY MEMBER

NOTE: You must attach supporting documentation when submitting your application.

9. Social Security Number

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10. Date of Birth (Use numbers only)

MM		DD		YYYY			

11. Last Name

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First Name

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12. Please indicate if the victim is: deceased
 disabled

13. Impact area location of injury or death: World Trade Center Pentagon Shanksville, PA

APPLICANT AFFIRMATION

I, the undersigned, being the applicant for a New York State World Trade Center Memorial Scholarship, hereby affirm, subject to penalty of perjury, the information on this form and any attachments hereto are accurate and complete. Also, I understand and agree submission of this supplement constitutes authorization to the New York State Higher Education Services Corporation to release such information as may be necessary to verify any statement herein.

Signature _____

Date: ___/___/___

PERSONAL PRIVACY NOTICE _____

Protecting the privacy of your personal information is important to New York State Higher Education Services Corporation (HESC). We respect your right to privacy and recognize our obligation to keep information about you secure and confidential in compliance with state and federal laws, and maintain physical, electronic and procedural safeguards in compliance with federal and state laws and regulations to safeguard your personal information. This notice uses the term "personal information." This means any information concerning you, which because of name, number, symbol, mark or other identifier, can be used to identify you. HESC collects this information pursuant to authority of Articles 13 and 14 of the New York State Education Law and applicable regulations. HESC does not disclose any personal information about you to anyone, except as permitted by law. HESC restricts access to your personal information to those HESC employees, other state employees and employees of the New York State Attorney General's office, and contractors and agents who need to know this information to service and/or collect Program awards. Your personal information is retained in the system of records maintained in HESC's Division of Financial Aid Services. You may access and review such information by contacting the Director for Financial Aid Services, NYS Higher Education Services Corporation, 99 Washington Avenue, Albany, New York 12255 (1-888-697-4372). The Director for Financial Aid Services or his designee shall, within five (5) business days of the date of the receipt of a proper request to access and review your personal information: (i) provide access to the personal information; (ii) deny access in writing, explaining the reasons therefore; or (iii) acknowledge the receipt of the request in writing, stating the approximate date when the request will be granted or denied, which date shall not be more than thirty (30) days from the date of the acknowledgment.

CONSENT TO DISCLOSURE _____

I authorize any employer, bank, guarantee agency or other institution identified on this supplement for the above mentioned program to validate or provide New York State Higher Education Services Corporation (HESC) information necessary for their review and consideration of my eligibility for the above mentioned program. I give HESC permission to disclose my personal information to any employer, bank, guarantee agency or other institution identified on this supplement to facilitate HESC's review and consideration of my application for the above mentioned program. I give HESC permission to share my personal information with its agents, business partners and schools necessary for the purposes of administering the above mentioned program. I give HESC permission to use whatever means it deems necessary to verify any information I have provided or will provide to be used for the purposes of establishing my eligibility for this program, including, but not limited to, documentation submitted from or accessed through other parties.

Signature _____

Date: ____ / ____ / ____

General Information and Eligibility

World Trade Center Memorial Scholarships provide financial aid to children, spouses or financial dependents of deceased/disabled persons who have died, or who have become severely and permanently disabled, and survivors who were severely and permanently disabled during the Sept. 11th attacks or rescue and recovery operation. This includes victims at the World Trade Center site, Pentagon or on flights 11, 77, 93, or 175.

Awards are made for full-time undergraduate study at approved colleges and other postsecondary institutions in New York State. Awards are made for study in:

- Collegiate programs of at least one year's duration leading to a degree, diploma or certificate.
- Hospital programs leading to licensure or certification in nursing or other fields of medical or health-technology.
- Two-year programs in registered private business schools.

NOTE: New York State resident family members who were enrolled in undergraduate programs at U.S. colleges or universities located outside of New York State on Sept 11, 2001 are also eligible for scholarship payment at that school.

Scholarship Amounts

World Trade Center Memorial Scholarships provide funds to help meet the cost of attending college.

The award covers up to four years of full-time undergraduate study (or five years in an approved five-year bachelor's degree program) and includes the following components:

- At a public college or university (SUNY or CUNY): actual tuition and mandatory educational fees; actual room and board charged to the student for students living on campus or an allowance for room and board for commuter students; and allowances for books, supplies and transportation.
- At a private institution: an allowance equal to SUNY four-year college tuition and mandatory educational fees (or student's actual tuition and fees, whichever is less) and allowances for room and board, books, supplies and transportation.

Receipt of other grants and scholarships may reduce the World Trade Center Memorial Scholarship award; the total of all aid received cannot be greater than the student's cost of attendance.

Social Security Number

Applicants must provide a social security number to be considered for this scholarship. Please contact HESC if you do not possess a social security number because you are not a U.S. citizen.

Filing and Payment Instructions

This Supplement may be submitted and eligibility for a World Trade Center Memorial Scholarship may be established at any time.

Once you have established your eligibility and are assigned an account number by HESC, you must do one of the following by May 1, of each academic year to request payment:

Current New York State residents – complete the Free Application for Federal Student Aid (FAFSA) and apply for the N.Y.S. Tuition Assistance Program (TAP). FAFSA and TAP applications and instructions are available on-line at www.hesc.org.

If you are not a resident of New York State – Contact the HESC Scholarship Unit at 1-888-697-4372 to request a Scholarship and Grant Payment Application.

Line Instructions

Answer all questions on this supplement.

Complete lines 1 – 13 pursuant to the following instructions:

- 1-6 Enter the requested information for the student applicant.
7. Enter the month and year the student will or did begin college.
Provide the name of the school if known.
8. Indicate the relationship of the student to the victim.

Documentation required:

- Self – evidence of disability.
- Child - copy of birth certificate or evidence of dependency.
- Spouse – copy of marriage license.
- Financial dependent – documents proving shared finances, such as, joint ownership of bank accounts, other personal or real estate property, credit cards or renter's lease; or other evidence of financial dependence or mutual inter-dependence.

- 9 - 11 Enter the information requested regarding the victim.
12. Enter if the victim is deceased or permanently disabled.

Severe and permanent means the victim is unable to engage in any occupation for remuneration or profit due to a physical or mental impairment, which is expected to continue indefinitely. A severe and permanent disability form will be sent to you upon receipt of this supplement.

NOTE: (1) This standard may be different from standards used under other programs in connection with occupational disability or eligibility for social security disability benefits.

(2) You cannot be considered to have a severe and permanent disability if your condition existed prior to September 11, 2001, unless said condition has substantially deteriorated as a result of an injury incurred in the impact area.

13. Enter the impact area location of the victim at the time of injury or death.

Impact area means the secure zone established by the City of New York comprising that area surrounding the World Trade Center which is bordered by Broadway to the East, the Hudson River to the West, Chambers Street to the North and Rector Street to the South during the period of time beginning at 8:45 a.m., Eastern Standard Time, on September 11, 2001 and ending on May 30, 2002; or the crash site of United Airlines Flight 93 in Shanksville Pennsylvania on September 11, 2001; or the crash site of American Airlines flight 77 on the grounds of the Pentagon on September 11, 2001.

Attach supporting documentation showing that death/disability was the result of injuries sustained during the Sept. 11th attacks or rescue and recovery operations.

14. Applicant Affirmation, enter your signature and date.

Since all documentation is retained by HESC, submit only copies, not original documents. Failure to provide complete or legible documentation could result in a delay in the determination of your eligibility for this scholarship.

Mail your supplement & documentation to:
NYS Higher Education Services Corporation
Scholarship Unit
99 Washington Ave, Rm. 1430A
Albany, NY 12255

**CONTACT HESC SCHOLARSHIP UNIT
AT 1-888-697-4372
IF YOU HAVE ANY QUESTIONS.**

HE-8227 (Rev. 1/2007)



NEW YORK STATE
HIGHER EDUCATION SERVICES CORPORATION
99 WASHINGTON AVENUE ALBANY, NEW YORK 12255
(888) NYSHESC (697-4372)
www.hesc.org



WTC SEVERE AND PERMANENT DISABILITY CERTIFICATION FORM

(Important: Please be sure to read all of the sections on the back of this certification)

INSTRUCTIONS FOR COMPLETING THE FORM

Type or print in dark ink. Sections 1 and 2 must be completed by the victim or the victim's representative. A representative may sign on your behalf in Section 2 if you are unable to do so because of your disability. Section 3 must be completed and signed in its entirety by the doctor of medicine or osteopathy executing this form, and returned along with a signed letter from your physician on his letterhead. If you are submitting this form for more than one student, additional forms are not required.

DEFINITIONS

State includes the 50 United States, the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, Guam, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau. It may also include foreign countries as determined by Higher Education Services Corporation.

Severe and permanent disability means the victim is unable to engage in any occupation, (including part time or light duty), for remuneration or profit due to a physical or mental impairment, which is expected to continue indefinitely. "Physical or mental impairment" is an impairment resulting from an anatomical, physiological or psychological abnormality which is demonstrable by medically acceptable clinical and laboratory diagnostic techniques. NOTE: (1) This standard may be different from standards used under other programs in connection with occupational disability or eligibility for Social Security disability benefits. (2) You cannot be considered to have a severe and permanent disability if your condition existed prior to September 11, 2001, unless said condition has substantially deteriorated as a result of an injury incurred in the impact area.

Impact area means the secure zone established by the City of New York comprising that area surrounding the World Trade Center which is bordered by Broadway to the East, the Hudson River to the west, Chambers Street to the North and Rector Street to the South during the period of time beginning at 8:45 a.m., Eastern Standard Time, on September 11, 2001 and ending on May 30, 2002; or the crash site of United Airlines flight 93 in Shanksville Pennsylvania on September 11, 2001; or the crash site of American Airlines flight 77 on the grounds of the Pentagon on September 11, 2001.

ELIGIBILITY REQUIREMENTS FOR SEVERE AND PERMANENT DISABILITY CERTIFICATION

NOTE: A physician cannot certify that the victim has a severe and permanent disability if, at the time of the physician's certification, the victim is able to work and earn money in any capacity or if he expects that the victim will be able to work at any time in the future, in any occupation.

ELIGIBILITY REQUIREMENTS TO RECEIVE FUTURE WORLD TRADE CENTER MEMORIAL SCHOLARSHIPS

The victim, victim's spouse, child or financial dependent will not be eligible to receive payments under this program if the victim becomes able to engage in any gainful activity for remuneration or profit.

PERSONAL PRIVACY NOTICE

Protecting the privacy of your personal information is important to HESC. We respect your right to privacy and recognize our obligation to keep information about you secure and confidential in compliance with state and federal laws, and maintain physical, electronic and procedural safeguards in compliance with federal and state laws and regulations to safeguard your personal information. This notice uses the term "personal information." This means any information concerning you, which because of name, number, symbol, mark or other identifier, can be used to identify you. HESC collects this information pursuant to authority of Articles 13 and 14 of the New York State Education Law and applicable regulations. HESC does not disclose any personal information about you to anyone, except as permitted by law. HESC restricts access to your personal information to those HESC employees, other state employees and employees of the New York State Attorney General's office, and contractors and agents who need to know this information to service and/or collect Program awards. Your personal information is retained in the system of records maintained in HESC's Division of Financial Aid Services. You may access and review such information by contacting the Director of Financial Aid Services, NYS Higher Education Services Corporation, 99 Washington Avenue, Albany, New York 12255 (1-888-697-4372). The Director of Financial Aid Services or his designee shall, within five (5) business days of the date of the receipt of a proper request to access and review your personal information: (i) provide access to the personal information; (ii) deny access in writing, explaining the reasons therefore; or (iii) acknowledge the receipt of the request in writing, stating the approximate date when the request will be granted or denied, which date shall not be more than thirty (30) days from the date of the acknowledgment.

Send your completed form to: **NYS Higher Education Services Corporation
Scholarship Unit
99 Washington Ave.
Albany, New York 12255**

HE 8336 (Rev. 6/2007)

SECTION 1 – VICTIM'S INFORMATION

SSN _____ E-mail address _____ Telephone () _____

Name _____

Address _____

Have you been approved for Social Security Disability Payments? yes no
Do you have an application pending for Social Security Disability? yes no

SECTION 2 – CONSENT TO DISCLOSURE

I **authorize** any medical doctor, osteopath, hospital or other institution having records about the disability that is the basis for this certification to make information from these records available to New York State Higher Education Services Corporation (HESC). I **also authorize** the New York State Department of Taxation and Finance, or any other institution, to make any information regarding my income and withholding taxes available to HESC for the purpose of determining my employment status.

Signature of Victim or Victim's Representative _____ Date _____

Address of Victim's Representative (if applicable) _____

Printed Name of Victim's Representative (if applicable) _____ Relationship to Victim (if applicable) _____

SECTION 3 – MEDICAL CERTIFICATION – Must be completed in its entirety by the physician or osteopath

Instructions for Physician: The applicant identified in Section 1 above is applying for a World Trade Center Memorial Scholarship based on their severe and permanent disability. Complete and sign the certification below only if you are a doctor of medicine or osteopathy legally authorized to practice in a State (see definition on page 1) and if the victim's condition meets the definition and eligibility requirements of severe and permanent disability as listed on page one. Provide all requested information and attach additional pages if necessary. Type or print in dark ink. Please return the completed form to the victim or the victim's representative. Higher Education Services Corporation may contact you for additional information or documentation.

Note: The standard for determining severe and permanent disability for purposes of establishing eligibility for a World Trade Center Memorial Scholarship may be different from standards used under other programs in connection with occupational disability or eligibility for social service disability benefits.

- 1. Is the victim currently working for remuneration or profit? (full-time, part-time, light duty, or any other capacity) Yes No
- 2. Is the victim currently able to work in any occupation for remuneration or profit? Yes No

If you have answered yes to question 1 and/or 2 stop. If you have answered no to questions 1 and 2 please provide a statement on your letterhead with your signature verifying the following information:

- A diagnosis/explanation of the victim's present medical condition. Identify the victim's medical condition and explain how it results in a severe and permanent disability. Do not use insurance codes.
- The date the victim's medical condition began.
- The date the victim became severely and permanently disabled.
- Indicate how the victim's condition is a direct result of the terrorist attacks of September 11, 2001.
- How the severe and permanent disability prevents the victim from engaging in any occupation for remuneration or profit, including part time or light duty work, and if the victim's severe and permanent disability is expected to continue indefinitely?
- The date the victim was last seen by you.
- The Impact Area: Based upon information, knowledge and belief the above severe and permanent disability is due to injury incurred as a direct result of the terrorist attacks of September 11, 2001 and was incurred (check one):
 - in the area surrounding the World Trade Center bordered by Broadway to the East, the Hudson River to the West
 - Chambers St. to the North and Rector Street to the South
 - at the crash site of United Airlines flight 93 in Shanksville Pennsylvania
 - at the crash site of American Airlines flight 77 on the grounds of the Pentagon.

I certify that, in my best professional judgment, the victim identified above is unable to engage in any occupation for remuneration or profit because of the severe and permanent disability identified above. I understand that a victim who is able to work and earn money, even on a part time basis or light duty, is not considered to have a severe and permanent disability as defined in the instructions listed in the definitions and eligibility requirements listed on page 1.

I am a doctor of medicine osteopathy (check one)
Legally authorized to practice in the state of _____ My professional license number is _____

Physician's Signature (a signature stamp is not acceptable) _____ Date _____
Printed Name of Physician _____
Address _____
City, State, Zip _____
Telephone () _____ - _____ Fax () _____ - _____
E-mail address (optional) _____



NEW YORK STATE
HIGHER EDUCATION SERVICES CORPORATION
99 WASHINGTON AVENUE ALBANY, NEW YORK 12255
(888) NYSHESC (697-4372)
www.hesc.org



EMPLOYMENT CERTIFICATION FORM

(Important: Please be sure to complete all of the sections on both sides of this certification)

INSTRUCTIONS FOR COMPLETING THE FORM

Type or print in dark ink. Sections 1 and 2 must be completed by the victim or the victim's representative. A representative may sign on your behalf in Section 2 if you are unable to do so because of your disability. Section 3 must be completed in its entirety and signed by your last employer.

PERSONAL PRIVACY NOTICE

Protecting the privacy of your personal information is important to HESC. We respect your right to privacy and recognize our obligation to keep information about you secure and confidential in compliance with state and federal laws, and maintain physical, electronic and procedural safeguards in compliance with federal and state laws and regulations to safeguard your personal information. This notice uses the term "personal information." This means any information concerning you, which because of name, number, symbol, mark or other identifier, can be used to identify you. HESC collects this information pursuant to authority of Articles 13 and 14 of the New York State Education Law and applicable regulations. HESC does not disclose any personal information about you to anyone, except as permitted by law. HESC restricts access to your personal information to those HESC employees, other state employees and employees of the New York State Attorney General's office, and contractors and agents who need to know this information to service and/or collect Program awards. Your personal information is retained in the system of records maintained in HESC's Division of Financial Aid Services. You may access and review such information by contacting the Director of Financial Aid Services, NYS Higher Education Services Corporation, 99 Washington Avenue, Albany, New York 12255 (1-888-697-4372). The Director of Financial Aid Services or his designee shall, within five (5) business days of the date of the receipt of a proper request to access and review your personal information: (i) provide access to the personal information; (ii) deny access in writing, explaining the reasons therefore; or (iii) acknowledge the receipt of the request in writing, stating the approximate date when the request will be granted or denied, which date shall not be more than thirty (30) days from the date of the acknowledgment.

Send completed form to: NYS Higher Education Services Corporation
Scholarship Unit
99 Washington Ave.
Albany, New York 12255

SECTION 1 – VICTIM'S INFORMATION

SSN _____ E-mail address _____ Telephone () _____

Name _____

Address _____

SECTION 2 – CONSENT TO DISCLOSURE

I authorize my employer having records about my past and current employment to make information from these records available to New York State Higher Education Services Corporation (HESC). I also authorize the New York State Department of Taxation and Finance, or any other institution, to make any information regarding my income and withholding taxes available to HESC for the purpose of determining my employment status.

Signature of Victim or Victim's Representative _____ Date _____

Address of Victim's Representative (if applicable) _____

Printed Name of Victim's Representative (if applicable) _____ Relationship to Victim (if applicable) _____

SECTION 3 – EMPLOYMENT CERTIFICATION – Must be completed in its entirety by the employer of record.

Instructions for Employer: The applicant identified in Section 1 above is applying for a World Trade Center Memorial Scholarship based on their severe and permanent disability. Complete and sign the certification below only if you are a representative of the employer of record. Provide all requested information. Type or print in dark ink. Please return the completed form to the victim or the victim's representative. Higher Education Services Corporation may contact you for additional information or documentation.

1. Is the victim currently working for remuneration or profit? Yes No

2. Indicate the victim's work status (answer all that apply):

Full-time: last date of full-time employment. (MM/DD/YYYY) _____/_____/_____

Part-time: last date of part-time employment. (MM/DD/YYYY) _____/_____/_____

Light Duty: last date of light duty employment. (MM/DD/YYYY) _____/_____/_____

I certify that, all statements made on this Employment Certification Form are true and accurate.

Employer Name _____

Employer Designee Signature (a signature stamp is not acceptable)

_____/_____/_____
Date

Printed Name of Employer Designee _____

Title _____

Address _____

City, State, Zip _____

Telephone () _____ - _____ **Fax ()** _____ - _____

E-mail address (optional) _____