



**2026-2027 College Discovery (CD) and SEEK Program
Independent Student Application**

First Name: _____ Last Name: _____

Email: _____ Student ID: _____

To be eligible for CD/SEEK program, you must be a NYS resident and meet the financial eligibility requirements below:

- Complete the Free Application for Federal Student Aid (FAFSA) if eligible
- Complete the NYS aid application(TAP or José Peralta)
- Document household size and family income from all sources

[] Please check here if you are an orphan, currently are or were in foster care or a ward of the court.

All applicants to the CD/SEEK programs must meet the economic criteria listed below established by NYS Economic Eligibility Guidelines

Household Size* (including head of household)	Total Annual Income	Household Size* (including head of household)	Total Annual Income
1	\$28,953	5	\$69,653
2	\$39,128	6	\$79,828
3	\$49,303	7	\$90,003
4	\$59,478	8	\$100,178

For families/households with more than 8 persons, add \$10,175 for each additional person.

*See Household Information section of this form

Student and student's spouse (if married) must submit copies of financial documents listed below:
Please check if documents are submitted by you or your spouse.

2024 IRS Tax Return Transcript or 1040 Tax Return	Student []	Spouse []
2024 Social Security Statement	Student []	Spouse []
2024 Veteran Benefit Award Letter	Student []	Spouse []
2024 or 2025 Supplemental Security Income (SSI)	Student []	Spouse []
2024 or 2025 Public Assistance Budget Letter	Student []	Spouse []
2024 Verification of Non-filing Letter	Student []	Spouse []



Household Information

Household size will be determined based on the household information provided on the Free Application for Federal Student Aid (FAFSA) or the NYS aid application (TAP or José Peralta Application). If you are selected for federal verification, you and your spouse might be required to submit additional financial documentation to validate household size to the Financial Aid Office.

Certification: I/we hereby certify that all information contained on this form is true and complete to the best of my/our knowledge. I/we have not knowingly or intentionally provided any false information. I understand that if I am found to have knowingly or intentionally given false statements or information, my eligibility for CD/SEEK program will be at risk.

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____