

Today's Date: _____

Source/List: _____



Health Profession Opportunity Grants Interest Form

Contact Information:

| | |
|-------------|--|
| Name: | |
| Address: | |
| Home Phone: | |
| Cell Phone: | |
| E-mail: | |
| Banner ID# | |

General Information:

| | |
|--|---|
| High School Diploma or GED/TASC completed? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process |
| Are you a current student at SUNY Adirondack? | <input type="checkbox"/> New <input type="checkbox"/> Continuing <input type="checkbox"/> Not a student <input type="checkbox"/> Returning <input type="checkbox"/> Transfer |
| Planned major or healthcare training interest? | |
| Action To Be Taken: | |

HPOG Eligibility Guidelines:

- Interested in pursuing a career in a healthcare field
- Receiving TANF (Temporary Assistance for Needy Families), or
- Income at or below 200% Federal poverty level. This table is provided only as a guideline. Financial eligibility verification will be verified during an individual intake appointment.

| Household Size | Income – 200% Federal Poverty Level Annual (2018) | Income – 200% Federal Poverty Level Monthly (2018) |
|----------------|--|---|
| 1 | \$24,980 | \$2,082 |
| 2 | \$33,820 | \$2,818 |
| 3 | \$42,660 | \$3,555 |
| 4 | \$51,500 | \$4,292 |
| 5 | \$60,340 | \$5,028 |
| 6 | \$69,180 | \$5,765 |
| 7 | \$78,020 | \$6,502 |
| 8 | \$86,860 | \$7,138 |

Return completed form to:

Notes/Outcome:

HPOG

SUNY Adirondack
Washington Hall, Room 134
640 Bay Road, Queensbury NY 12804
518.681.5629/518.681.5628

Initials: _____