

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?	___ Yes ___ No ___ In process
Are you a current student at SUNY Adirondack?	___ New ___ Continuing ___ Not a student ___ Returning ___ 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 (2108)
1	\$24,280	\$2,023
2	\$32,920	\$2,743
3	\$41,560	\$3,463
4	\$50,200	\$4,183
5	\$58,840	\$4,903
6	\$67,480	\$5,623
7	\$76,120	\$6,343
8	\$84,760	\$7,063

Return completed form to:
HPOG
 SUNY Adirondack
 Washington Hall, Room 134
 640 Bay Road, Queensbury NY 12804
 518.681.5629/518.681.5628

Notes/Outcome:

Initials: _____