Today’s Date: \_\_\_\_\_\_\_\_\_\_ Source/List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Health Profession Opportunity Grants (HPOG) Interest Form |
| **Contact Information:** |
| Name: |  |
| Address: |  |
| Home Phone: |  |
| Cell Phone: |  |
| E-mail: |  |
| Banner ID# (if applicable) |  |
|  |
| **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 |
| What is your planned major or healthcare training interest? |  |
| **HPOG Eligibility Guidelines:** |
| * Interested in pursuing a career/employment 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 (2017) | Income – 200% Federal Poverty Level Monthly (2107) |
| 1 | $24,120  | $2,010 |
| 2 | $32,480 | $2,707 |
| 3 | $40,840 | $3,403 |
| 4 | $49,200 | $4,100 |
| 5 | $57,560 | $4,797 |
| 6 | $65,920 | $5,493 |
| 7 | $74,280 | $6,190 |
| 8 | $82,640 | $6,887 |
| Return completed form to: | **Staff Only: Notes/Next Steps/Outcome:** |
| **HPOG**SUNY AdirondackWashington Hall, Room 134640 Bay Road, Queensbury NY 12804518.681.5629/518.681.5628 | Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |