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 Adirondack  Washington Hall, Room 134  640 Bay Road, Queensbury NY 12804  518.681.5629/518.681.5628 | | | Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |