
EXCELSIOR SCHOLARSHIP TERMS

The New York State Excelsior Scholarship contract that students sign with the New York State Higher Education Services Corporation (HESC) indicates, in part, to maintain Excelsior Scholarship eligibility students are required to:

- be enrolled full-time each semester (a minimum of 12 credits applicable towards their degree requirements); and
- earn 30 degree-applicable credits annually*; and
- complete their undergraduate degree within 4 consecutive years through continuous study, with no break(s) in enrollment.

*As needed, AP and/or college credits earned while a student is in high school and accepted for transfer at New Paltz can be applied to any earned credits to reach the 30 cumulative credits required per year. These are referred to as “banked credits.”

ALLOWABLE CIRCUMSTANCES

New York State HESC will allow students to appeal their Excelsior Scholarship status if they had a reduction in credits (had to take less credits) or had a break in enrollment (took a leave of absence) due to the following allowable circumstances:

- **Medical/Mental Health** - Your medical or health care provider determines that your medical condition or mental health prevents you from beginning or continuing the term or from continuing a full-time course load.
- **Family Medical/Mental Health** - You interrupt your studies to provide care for an immediate family member who needs extra care due to health needs, as confirmed by their medical or health care provider.
- **Bereavement** - You experience the death of an immediate family member.
- **Parental Leave** - You interrupt your studies to take care of your newborn child.
- **Military Leave** - You are called to active military duty.

Circumstances other than those indicated above are not allowable and will not allow you to retain your Excelsior eligibility. You must have the minimum credits for Excelsior at the time of your reduction in credits or break in enrollment, otherwise you are not eligible to be considered for review. There must be a reduction in credits or a break in enrollment to appeal. HESC will not allow students to appeal due to failed courses.

STUDENTS WITH DISABILITIES

Under the Americans with Disabilities Act of 1990, students with disabilities can take longer to complete their bachelor’s degree and retain their Excelsior Scholarship eligibility if their disability requires them to attend less than full-time (30 credits per year, or its equivalent) or if they need to pause their studies due to their disability.

Students with qualified disabilities who attend less than full-time must register with the [Disability Resource Center \(DRC\)](#) at SUNY New Paltz prior to the start of the semester for which they are looking for an Excelsior Scholarship award.

HOW & WHEN TO SUBMIT YOUR ELIGIBILITY DETERMINATION

If you meet one of the conditions listed above, you should complete the **Eligibility Determination** form (pages 2-3).

If you had a medical or mental health diagnosis and were instructed to reduce your courseload or withdraw for a term by your medical or mental health care provider, your provider must complete the **Supplemental Medical Information** form (pages 4-5).

Appeals must be submitted within a reasonable amount of time during the academic year the appeal is requested, or prior to the close of the academic year. Please note, you do not need to submit this Information & Instructions page with your appeal.

For more information about the New York State Excelsior Scholarship, please see the following:

[General Information](#) including eligibility requirements

[Frequently Asked Questions \(FAQs\)](#)

www.hesc.ny.gov

If you lost your Excelsior Scholarship due to changes in income, please see the [Income & Financial Requirements section here](#) for more information about how to submit an Income Eligibility Determination form directly to New York State HESC.



New Paltz
STATE UNIVERSITY OF NEW YORK

Excelsior Scholarship Appeal Committee
200 Hawk Drive, New Paltz, NY 12561-2438
Ph: 845-257-3250 • Fax: 845-257-3568 • ExcelsiorDocs@newpaltz.edu

**ELIGIBILITY DETERMINATION
EXCELSIOR SCHOLARSHIP**

STUDENT INFORMATION

You must answer every question.

Student Last Name First Name MI Suffix

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Student ID Number

New Paltz Email Address

Student Date of Birth

Academic term that your interruption in study occurred (you may only list one term).
If requesting a determination for multiple semesters, you must submit this Eligibility Determination form (pgs. 2-3) for each term.

REASON FOR YOUR INTERRUPTION IN STUDIES

Check one circumstance and provide the required documentation with your completed form.

Allowable Circumstance	Required Documentation	Additional Details
<input type="checkbox"/> Medical/Mental Health Student had a diagnosis that required attending less than full-time or fully leaving school	1. Supplemental Medical Information form (pages 4-5) completed by your medical/mental health care provider 2. Supporting documentation from your medical/mental health care provider	Supporting documentation such as a doctor's note or discharge paperwork must be on official letterhead and must contain the dates that your diagnosis impacted your college studies.
<input type="checkbox"/> Family Medical/Mental Health Student had to care for an immediate family member due to family member's medical/mental health diagnosis	Documentation from your family member's medical/mental health care provider	Your family member or their proxy must obtain documentation from their medical/mental health care provider stating that family member was under the care of the student. Documentation must be on official letterhead, include student's relationship to patient, and include dates in which student care and/or assistance was required.
<input type="checkbox"/> Bereavement Death of an immediate family member	Death Certificate and/or Obituary	Personal Statement (next page) must include student's relationship to the deceased. The reduction in credits or break in enrollment must coincide with the date that your immediate family member passed.
<input type="checkbox"/> Parental Leave Student cares for newborn child	Birth Certificate of child	The reduction in credits or break in enrollment must be within one year of your newborn child's birth.
<input type="checkbox"/> Military Leave Student called to active duty	Department of Defense Orders	Personal Statement (next page) must include dates of service/deployment.

Circumstances other than those indicated above are not allowable and will not allow you to retain your Excelsior eligibility.

Please continue to the next page.

Student Last Name

First Name

MI

Suffix

N									
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Student ID Number

PERSONAL STATEMENT

Please provide a personal statement explaining the circumstances resulting in your interruption in studies which prevented you from meeting the eligibility requirements.

STUDENT AFFIRMATION

Please sign and date below to affirm that you understand the following:

- I affirm, under the penalty of perjury, that the information I provided, and any supporting documentation submitted, is true and complete and will be accepted for all purposes as the equivalent of a sworn affidavit.
- I affirm that I understand that my eligibility determination will be made based on the New York State Education Law governing the Excelsior Scholarship and shall be the final determination.

Student Signature

Date

Submit the completed form(s) and required supporting documentation to us by:

Email (Preferred)

ExcelsiorDocs@newpaltz.edu

FAX

845-257-3568

In-Person

Wooster Hall 124

Mail

Student Financial Services
200 Hawk Drive
New Paltz, NY 12561-2437

Updated 2/25/2025



New Paltz

STATE UNIVERSITY OF NEW YORK

Excelsior Scholarship Appeal Committee

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SUPPLEMENTAL MEDICAL INFORMATION

EXCELSIOR SCHOLARSHIP

PATIENT INFORMATION & HIPAA AUTHORIZATION To be completed by the student.

Please sign and date to provide HIPAA authorization for your provider to share the requested information. Please also add your name and student ID number to the top of the next page. Your provider will complete the rest of the form.

Academic term(s) that your interruption in study occurred.

You can list more than one semester here if your interruption in study was more than one term.

N									
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Patient's Student ID Number

Patient Last Name First Name MI Suffix

Patient Date of Birth

Patient Signature

Date

PROFESSIONAL RECOMMENDATION To be completed by the licensed medical/mental health care provider.

The above patient is an applicant for the NYS Excelsior Scholarship administered by the New York State Higher Education Services Corporation (HESC). Due to their reduction in credits or break in enrollment, they are at risk of losing their scholarship eligibility.

To assist us with making an eligibility determination in line with New York State Education Law, please complete this form in its entirety. If necessary, you can use additional sheets on an official letterhead. Incomplete or missing information may result in the denial of the student's appeal.

1. Was it your professional recommendation that the above-named student reduce their college course load and/or fully leave school due to their medical condition? If no, skip to question 3.

Yes No

2. If you answered yes to the previous question, please indicate the period when the student's medical/mental health condition impacted their college attendance:

This student needed to reduce their college course load from: _____ to _____
Start Date End Date

This student needed to stop their college studies from: _____ to _____
Start Date End Date

3. Did the student's condition necessitate a change in their program of study (change of major/minor/degree type)?

Yes No

4. Did the student's condition necessitate a change in the college they attend (transferring)?

Yes No

Provider Signature

Date

Please continue to the next page.

Patient Last Name First Name MI Suffix

N									
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Patient's Student ID Number

DIAGNOSIS To be completed by the licensed medical/mental health care provider.
Briefly explain this student's diagnosis, how/why the diagnosis impacted their college attendance, and if this student has any restrictions upon returning to their college studies.

PROVIDER INFORMATION

Please provide all requested information.

Provider Last Name First Name MI Suffix

Practice/Hospital/Facility Name

Address

Phone Number

Provider License Number

Provider State of Licensure

Provider Stamp (Required):

PROVIDER AFFIRMATION

Please sign and date below to affirm that you understand the following:

- I affirm, under the penalty of perjury, that the information I provided is true and complete based on my professional medical judgment and the medical records maintained in the ordinary course of business.

Provider Signature

Date

Submit the completed form(s) and required supporting documentation to us:

Email (Preferred)
ExcelsiorDocs@newpaltz.edu

FAX
845-257-3568

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