



**ASSEMBLY STANDING COMMITTEE ON HIGHER EDUCATION
ASSEMBLY SUBCOMMITTEE ON TUITION ASSISTANCE PROGRAM**

NOTICE OF PUBLIC HEARING

SUBJECT: New York State Tuition Assistance Program

PURPOSE: To examine the status of the New York State Tuition Assistance Program

Albany, New York
November 28, 2023
10:00 a.m.
Hearing Room C
Legislative Office Building

ORAL TESTIMONY WILL BE BY INVITATION ONLY

The New York State Tuition Assistance Program (TAP) was established in 1974 to help eligible New York State residents pay tuition at approved institutions of higher education in New York State. As New York's largest grant program, TAP has helped millions of New Yorkers pay for their college education. In the 2022-23 academic year alone, TAP was awarded to approximately 234,000 students who attended higher education institutions across the State. Changes have been made to TAP in recent years, including a \$500 increase to the maximum TAP award, restoration of TAP eligibility to incarcerated individuals, and the expansion of part-time TAP eligibility to certain undergraduate students and students enrolled in eligible non-degree workforce credential programs. Approaching the 50th anniversary of TAP, the Committee seeks an update on the status of TAP, including testimony regarding how TAP has improved college affordability, and how the program has helped increase enrollment and retention rates at New York State colleges and universities.

Persons invited to present pertinent testimony to the Committee at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to 5 minutes' duration. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

Honorable Patricia A. Fahy

Member of Assembly
Chair
Committee on Higher Education

Honorable Sarah Clark

Member of Assembly
Chair
Subcommittee on Tuition Assistance Program

PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on the Tuition Assistance Program are requested to complete this reply form as soon as possible and mail, email or fax it to:

Ashley Luz
Analyst
Assembly Standing Committee on Higher Education
Room 513 - Capitol
Albany, New York 12248
Email: luz@nyassembly.gov
Phone: (518) 455-4881
Fax: (518) 455-7250

- I plan to attend the following public hearing on the Tuition Assistance Program to be conducted by the Assembly Standing Committee on Higher Education on November 28, 2023.
- I have been invited to make a public statement at the hearing. My statement will be limited to 5 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- I will address my remarks to the following subjects:

- I do not plan to attend the above hearing.
- I would like to be added to the Committees' mailing list for notices and reports.
- I would like to be removed from the Committees' mailing list.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____