

Student ID # _____

Major: _____



EDUCATIONAL OPPORTUNITY FUND PROGRAM APPLICATION

Complete this form and return it to the **Academics Office – Room 122 C**. Please print clearly.

Part 1 PERSONAL INFORMATION

Name _____ Social Security No. ____ - ____ - ____
(Last) (First) (Middle Initial)

Address _____
(Street) (Apt. #) (City) (State) (Zip)

Phone # () ____ - ____ Emergency Phone # () ____ - ____ Cell # () ____ - ____

Student Email Address _____ NJ Resident: Yes ____ No ____ Years lived in N.J. ____

Date of Birth ____ / ____ / ____ Gender ____ M ____ F High School Attended _____ Grad. Date _____

Ethnicity: Black or African American American Indian or Alaska Native Asian Hispanic, of any race White
Native Hawaiian or Other Pacific Islander Two or more Races Race and Ethnicity Unknown

US Citizen? Yes ____ No ____ Permanent Resident? Yes ____ No ____ Green Card Registration # **A** _____

Expected Enrollment Status (Check One) Term Summer Fall Spring

Note: Summer B – Date to be determined.

____ (New) First-Time Full-Time Freshman
____ EOF Re-Admit (# of Earned Credits/CGPA _____)
____ WCCC Current Student (# of Earned Credits/ CGPA _____)
____ EOF Transfer (other colleges attended _____)

Term Enrollment - **Circle one:** Full Time > 11 credits ¾ Time 9-11 credits Part Time 6-8 credits

T-shirt Size: _____ List Allergies: _____ List Special Dietary Needs: _____

Did anyone in your immediate family receive EOF at WCCC? ____ YES ____ NO

If yes, please indicate which member of the family. Father Mother Sister Brother (Please circle)

Who referred you to the WCCC EOF Program: _____

NJ Stars: (Circle) Yes or No Senior Option Credits Earned: _____ Dual Enrollment Credits Earned: _____

Part 2 HOUSEHOLD INFORMATION

Father/Legal Guardian
Step Parent _____
Address _____
City/State _____ Zip _____
Occupation _____
Email: _____

Mother/Legal Guardian
Step Parent _____
Address _____
City/State _____ Zip _____
Occupation _____
Email: _____

Parents' Status: ____ Single/Never Married ____ Married ____ Divorced (Date ____) NJ Resident: No ____ Yes ____
____ Widow ____ Remarried ____ Separated (Date ____) Since ____ / ____ / ____

Part 3 STUDENT STATUS INFORMATION

- ____ I am a Dependent Student
- ____ I am an Independent Student, since I meet one of the following: *(check one)*
 - ____ I was born before January 1, 1999.
 - ____ I am a Veteran of the U.S. Armed Forces. **(Attach copy of DD-214.)**
 - ____ I have a legal dependent other than a spouse. **(Attach copy of dependent's birth certificate.)**
 - ____ I am married.
 - ____ I am an orphan or ward of the Court. **(Attach proof of your status.)**

Part 4 INCOME INFORMATION

The maximum Gross Family Incomes for New Jersey EOF eligible student:

Family Size:	1	2	3	4	5	6	7	8	Add \$8,640 for ea. additional Family member
	24,280	\$32,920	\$41,560	\$50,200	\$58,840	\$67,480	\$76,120	\$84,760	

As per enclosed instructions, please submit ALL Supporting Financial Documents. For example, 2017 and 2018 Tax Return Transcripts including W-2 forms and appropriate schedules, Child support award letter, Social Security forms, Pension benefits form, welfare statement, or other applicable documents.

Part 5 AWARD INFORMATION (To Do List)

In order to complete the award process, the following must be done:

- ✓ Complete and submit the online WCCC application.
- ✓ Complete and File the Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov.
- ✓ Complete and File the NJ FAMS Additional Questions www.njgrants.org

Should you need assistance, please contact the Financial Director, Jacqueline Daly at (908) 835-2309

Factors that determine eligibility include:

- ✓ Current 12 month consecutive years of New Jersey residency
- ✓ History of financial need (must meet EOF Income Eligibility Guidelines – **Part 4** of the application)
- ✓ Show academic potential and readiness to successfully complete college level course work persisting toward degree completion.
- ✓ A willingness and commitment to attend and actively participate in required EOF programming and activities.
- ✓ Preferred: Full-time enrollment (at least 12 credits per semester): If Part-Time, meet with the EOF Director.
- ✓ Must attend a **mandatory Orientation** and/or Summer Scholars Bridge Program

I (We) certify that the information given on this application is true, accurate, and complete to the best of my knowledge. I understand EOF is not an entitlement program and acceptance into the program is limited and competitive based on the state allocation awarded to WCCC. I (We) agree to provide proof of the information that I have given on this form if asked by an authorized college or state agency. If proof is not submitted, the EOF grant may be denied.

According to the Family Educational Rights and Privacy Act (FERPA), your permission is needed to discuss your application and documentation related to your educational and financial needs with faculty/staff on occasion. Please sign below to certify the information given and to grant EOF permission to discuss your needs with the appropriate person(s) for the purpose of educational planning.

Student Signature

Date

Parent (Guardian) Signature
(Only if student is under 18 years of age)

Date

For additional information or assistance, contact the Educational Opportunity Fund Program listed below.
Please return this application to:

Educational Opportunity Fund, Academics – Rm. 122C
Tiffani Warren – Dean of Learning/EOF Director

Warren County Community College
475 Route 57 West
Washington, NJ 07882
Phone: (908) 835-2307
Email: EOFP@warren.edu
Website Address: <http://www.warren.edu/eof-scholarship-program/>

For Office Use Only:

Financial Aid Review (JD): Approved _____ Denied _____

SAP Yes _____ No _____

Holds: None: _____ Other: _____

County: Warren/Hunterdon _____ Other: _____

FT _____ *¾ Time* _____ *PT* \$ _____ *Award Amount*