



EDUCATIONAL OPPORTUNITY FUNDPROGRAM APPLICATION (2019-20)

Complete this form and return it to the Student Services Office - 117. 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) _____ (New Admit) First-Time Full-Time Freshman
_____ EOF Re-Admit (# of Earned Credits/CGPA _____)
_____ WCCC Current Student (# of Earned Credits/ CGPA _____)
_____ EOF Transfer (other colleges attended _____)

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)

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, 1995.
 - _____ 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. (Attach a copy of your marriage certificate.)
 - _____ 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 \$8,360 for ea. additional Family member
	24,120	\$32,480	\$40,840	\$49,200	\$57,560	\$65,920	\$74,280	\$82,640	

As per enclosed instructions, please submit ALL Supporting Financial Documents. For example, 2015 and 2016 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

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

- ✓ Complete and File an Admissions Application to WCCC.
- ✓ Complete and File the 2018-19 Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov.
- ✓ Complete and File the EOF Application
- ✓ Submit Proof of Income and any other requested documentation, as per enclosed instruction or Higher Education Student Assistance Authority (HESAA) <https://njfams.hesaa.org/NJFAMS/login.aspx?ReturnUrl=%2fNJFAMS%2fint%2fFinAid%2findex.aspx>

Register for a Personal Identification Number (PIN) for both student and parent at <http://www.pin.ed.gov>. Once a PIN is obtained, complete the Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov. Should you need assistance, please contact the Financial Director, Jacqueline Daly at (908)835-2309 or the Student Services at (908) 689-5824.

Factors that determine eligibility include:

- ✓ Full-time enrollment (at least 12 credits per semester)
- ✓ One 12 month consecutive year 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 completion of college level course work persisting toward degree completion.
- ✓ A willingness and commitment to attend and actively participate in required EOF programming and activities.
- ✓ Must attend the mandatory 5 week EOF Summer Bridge Program.
- ✓ For current WCCC Students, you must **NOT** be in the last two terms of study leading to graduation or must have accumulated **less than 30 credits**.

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 \$575 per semester 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

Date

For additional information or assistance, contact the Educational Opportunity Fund Program listed below.

Please return this application to: **Educational Opportunity Fund, Student Services – 117, Meghan Cote, EOF Coordinator/Campus Recruiter**

Warren County Community College

475 Route 57 West

Washington, NJ 07882

Phone: (908) 689 5824

Email: EOFP@warren.edu

Website Address: <http://www.warren.edu/eof-scholarship-program/>