

- _____ 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)**

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 Aid Director 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
https://www.nj.gov/highereducation/EOF/EOF_Eligibility.shtml)
- ✓ 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	Date
		(Only if student is under 18 years of age)	

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

WCCC Educational Opportunity Fund
 Academics – Rm. 122C
 Tiffani Warren – Dean of Learning/EOF Director
 475 Route 57 West
 Washington, NJ 07882
 Phone: (908) 835-2307
 Email: EOFP@warren.edu
 Website Address: <http://www.warren.edu/eofgrant/>

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