

## EDUCATIONAL OPPORTUNITY FUND (EOF) PROGRAM APPLICATION

Complete this form and return it to the Library or email to EOFP@warren.edu. Please print clearly.

### PERSONAL INFORMATION

Student's Name: \_\_\_\_\_  
(Last) (First Legal name) (Middle Initial) (Preferred Name)

Address: \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

Student's Cell Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Emergency Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Student's Email Address: \_\_\_\_\_ NJ Resident: Yes \_\_\_ No \_\_\_ Years lived in NJ: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_ Man \_\_\_ Woman \_\_\_ Prefer Not to Say

High School Attended: \_\_\_\_\_ Grad. Year: \_\_\_\_\_

Ethnicity – Circle one

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

Enrollment Term: \_\_\_ Summer \_\_\_ Fall \_\_\_ Spring

Number of credits -- Circle one: Full Time > 11 credits  $\frac{3}{4}$  Time 9-11 credits Part Time 6-8 credits

T-shirt Size: \_\_\_\_\_ Allergies: \_\_\_\_\_ Special Dietary Needs: \_\_\_\_\_

Did anyone in your immediate family participate in 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: \_\_\_\_\_

### 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, **2001** (2024-2025 Academic Year)

(Application continues on the other side)

- \_\_\_\_\_ 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](http://www.fafsa.ed.gov).
- ✓ Complete and File the NJ FAMS Additional Questions [www.njgrants.org](http://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](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 Coordinator.
- ✓ 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.

|                          |             |                                                   |             |
|--------------------------|-------------|---------------------------------------------------|-------------|
| <b>Student Signature</b> | <b>Date</b> | <b>Parent (Guardian) Signature</b>                | <b>Date</b> |
|                          |             | <b>(Only if student is under 18 years of age)</b> |             |

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

### **WCCC Educational Opportunity Fund**

Dr. Simone Patterson - Dean of Learning/EOF

Director

Rm. 107

475 Route 57 West

Washington, NJ 07882

Phone: (908) 835-4023

Email: [EOFP@warren.edu](mailto: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