



# Educational Opportunity Fund (EOF) Program

If you would like to be considered for the Educational Opportunity Fund (EOF) Program, please complete this application. The program provides counseling, tutoring, academic advisement and financial assistance to eligible students.

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
LAST FIRST MI

ADDRESS \_\_\_\_\_  
STREET APT.

CITY STATE COUNTY ZIP

PHONE NO. ( ) - E-mail: @

Place an X in the appropriate space:

- I am applying for: FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_ YEAR \_\_\_\_\_
- I have \_\_\_\_\_ have not \_\_\_\_\_ filed a Free Federal Financial Aid Form (FAFSA)
- I have \_\_\_\_\_ have not \_\_\_\_\_ taken the College Skills Placement Test (Accuplacer)
- I have \_\_\_\_\_ do not have \_\_\_\_\_ a high school diploma  
Name of high school \_\_\_\_\_ and year of graduation \_\_\_\_\_
- I have \_\_\_\_\_ do not have \_\_\_\_\_ a GED. Date and location of test: \_\_\_\_\_
- I have \_\_\_\_\_ have not \_\_\_\_\_ previously attended Mercer County Community College  
(Received EOF: YES  NO )
- I have \_\_\_\_\_ have not \_\_\_\_\_ attended another college:  
Name of college \_\_\_\_\_ Dates attended \_\_\_\_\_  
(Received EOF: YES  NO )
- I am \_\_\_\_\_ am not \_\_\_\_\_ a veteran or receiving veteran's benefits
- I am \_\_\_\_\_ am not \_\_\_\_\_ a U.S. citizen or permanent resident
- I have lived in the state of New Jersey \_\_\_\_\_ years
- I live with my parent(s)/legal guardian(s) YES  NO  Household size including me \_\_\_\_\_
- I am an orphan or ward of the court YES  NO
- My (our) total family income is \$ \_\_\_\_\_ per year
- My (our) source of income is: Employment  Welfare  Child support  Social Security   
Veteran's benefits  Other (explain) \_\_\_\_\_
- I have a brother/sister in EOF YES  NO

16. Federal and State governments require the college to submit summary information in the following areas. Although your response is OPTIONAL, your cooperation in completing this information will be appreciated:

Sex: F  M  Married  Single  Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Black (non-Hispanic) Puerto Rican Native American/Alaskan Native Asian/Pacific Islander  
Hispanic White (non-Hispanic) Mexican Cuban Central/South American

I certify that the information provided on this application is true and correct to the best of my knowledge. I will supply proof of residency, income, and education as required.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

### OFFICE USE ONLY

FAFSA Complete	Appointment	Eligible	Aid Pending	Aid Awarded	Approved _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: ____/____/____	Date: ____/____/____	Date: ____/____/____	Date: ____/____/____	Date: ____/____/____
		INELIGIBLE	Date: ____/____/____		