



The Educational Opportunity Fund (EOF) Program Questionnaire

In order to be considered for this program and funding you must:

- Be a New Jersey resident for at least one year.
- Complete and submit an application for admission to Georgian Court University.
- Have filed a Free Application for Federal Students Aid (FAFSA) no later than March 31, 2016.
- Submit copies of your and your parent/guardian **signed** 2015 Federal Income Tax Transcripts. If you or your parent(s)/guardian(s) receive Public Assistance, Social Security, or Disability Benefits, please provide "letterhead" copies of the total sum of benefits received in 2015 to Georgian Court University.

Meet the financial and academic criteria in the program guidelines. Submit this completed questionnaire to The E.O.F. Office at Georgian Court University with copies of: Green Card and Health Records.

EOF INCOME ELIGIBILITY SCALE – ACADEMIC YEAR 2016-2017

Applicants with a household size of:	Gross Income (not to exceed)
1	\$23,540
2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780

Add \$8,320 for each additional member of the household.

I. STUDENT INFORMATION

1. Name _____ Social Security # ____ - ____ - ____
2. Address _____
3. City _____ State _____ Zip Code _____
4. Home Phone _____ Cell# _____ 4. E-mail _____
5. Date of Birth ____/____/____ Ethnic background _____
(optional for report purposes only)
6. Are you a U.S. citizen? Yes ___ No ___ If no, give Alien Registration Number _____
(attach photocopy of both sides of your card to the front of this questionnaire)
7. Number of years/months living in New Jersey _____
8. What high school will you or have you graduated from? _____ Date _____
or did you receive a G.E.D? Yes ___ No ___
9. If you are a college transfer, provide us with the name of the college(s)

_____ Note: Transfer students must have a minimum of three semesters of full-time coursework remaining to complete a degree.
10. Are your parents college graduates? Yes ___ No ___ If yes, what college(s) did they attend?

II. STUDENTS STATUS

1. Were you born before January 1, 1997? Yes _____ No _____
2. Are you a veteran? Yes _____ No _____
3. Are you an orphan or ward of the court, or were you an orphan or ward of the court until the age of 18? Yes _____ No _____
4. Are you married? Yes _____ No _____
5. Do you have any legal dependents (other than a spouse)? Yes _____ No _____

III. FAMILY AND INCOME INFORMATION

1. Number of family members in your household _____
- | FULL NAME | AGE | RELATIONSHIP |
|-------------|-------|--------------|
| (You) _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

2. Number of college students in your household _____

	Parent(s)/Guardian(s)	Student	Spouse
2015 Salary (yearly wages)			
2015 Dividends/Interest received			
2015 Social Security received			
2015 Annual Veterans Benefit			
2015 Child Support			
2015 ADC/AFDC (welfare) received			
Other income received in 2015 (TANF), Food Stamps, Alimony, EIC, etc.)			
PREVIOUS YEAR'S INCOME (yearly totals) 2014			

IV. DEPENDENT STUDENTS ONLY ANSWER THESE QUESTIONS

- Is/are your parents(s) or legal guardian: ___ single ___ married ___ divorced ___ separated ___ widowed ___. Please give date of divorce, separation or widowed _____.
- Do your parent(s) or guardian own a home? Yes ___ No ___. If yes, list the current value of this home: \$ _____. List the outstanding mortgage amount to date: \$ _____.
- Do your parent(s) or guardian own a business/other property? Yes ___ No _____. If yes, list the current value of the business \$ _____ property \$ _____. List the outstanding mortgage of the business \$ _____ property \$ _____.

Eligibility for an EOF award is based on a history of financial and academic disadvantage. Send this completed application and copies of your tax information to GEORGIAN COURT UNIVERSITY, ADMISSIONS OFFICE, 900 LAKEWOOD AVENUE, LAKEWOOD, NJ 08701.

I DECLARE THAT THE INFORMATION REPORTED IS TRUE, CORRECT AND COMPLETE to my knowledge. According to the requirements of EOF grant recipients, I affirm that my personal family background is one of disadvantage. I further understand that any willful omission or misrepresentation of facts on this form will be considered grounds for removal of my application from admission consideration and financial aid eligibility. Signing this form constitutes permission for the release of all necessary assessment data to complete my application for consideration.

STUDENT SIGNATURE _____ DATE _____
 PARENT(S) SIGNATURE _____ DATE _____
 GUARDIAN(S) _____ DATE _____

OFFICE USE ONLY

Student Appears Eligible for EOF ___ Y ___ N Student Accepted to EOF Program: ___ Y ___ N

EOF Director Signature _____ Date _____