



GEORGIAN COURT UNIVERSITY

THE MERCY UNIVERSITY OF NEW JERSEY

THE EDUCATIONAL OPPORTUNITY FUND (EOF) 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).
- submit copies of your and your parent'(s)/guardian's signed 2016 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 2016, a copy of your health records, and Green Card.
- meet the financial and academic criteria in the program guidelines.

All of the above criteria must be completed and submitted to our office no later than February 28, 2018.

EOF INCOME ELIGIBILITY SCALE - ACADEMIC YEAR 2018-19

Applicants with a household size of:	Gross Income (not to exceed)
1	\$23,760
2	\$32,040
3	\$40,320
4	\$48,600
5	\$56,880
6	\$56,880
7	\$73,460
8	\$81,780

Add \$8,360 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. Are you an EOF college transfer? Yes No Are you a college transfer? Yes No Name of transfer institution(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. STUDENT 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 (You) _____	AGE _____	RELATIONSHIP _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Number of college students in your household _____

	Parent(s)/Guardian(s)	Student	Spouse
2016 Salary (yearly wages)			
2016 Dividends/Interest received			
2016 Social Security received			
2016 Annual Veterans Benefit			
2016 Child Support			
2016 ADC/AFDC (welfare) received			
Other income received in 2016 (TANF), Food Stamps, Alimony, EIC, etc.)			
PREVIOUS YEAR'S INCOME (yearly totals) 2016			

IV. DEPENDENT STUDENTS ONLY ANSWER THESE QUESTIONS

1. Is/are your parents(s) or legal guardian: single married divorced separated widowed
Please give date of divorce, separation, or death _____
2. 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: \$ _____
3. 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. Documents can be submitted via the following methods: Mail to: Georgian Court University, Office of Admissions, Attn: Tevin Reese, 900 Lakewood Avenue, Lakewood, NJ 08701, E-mail: treese@georgian.edu, and Fax: 732.987.2008.

All of the above criteria must be completed and submitted to our office no later than February 28, 2018.

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 Yes No Student Accepted to EOF Program: Yes No
 EOF Director Signature _____ DATE _____