



**Educational Opportunity Fund
Program Questionnaire
2016-2017**

**College of Saint Elizabeth
ADMISSION OFFICE
Santa Rita Hall
Morristown, New Jersey 07960
1-800-210-7900 / Fax 973-290-4307**

EDUCATIONAL OPPORTUNITY FUND PROGRAM

The Educational Opportunity Fund (EOF) Program is designed to provide talented New Jersey students who are both academically and economically disadvantaged the opportunity to attend college in New Jersey. The New Jersey EOF Program assists low-income state residents who are able and motivated, but lack adequate preparation for college study, with the needed resources and services to succeed and graduate. If you are accepted into the EOF program, you will be provided with the support needed to maintain continued enrollment through graduation including additional funding to those enrolled in the program. In addition to the EOF State Grant, students receive support services such as counseling, tutoring, and educational seminars and workshops. Students enrolled into the EOF program must pay a **non-refundable enrollment fee of \$50.00**.

FIRST-YEAR STUDENTS ELIGIBILITY REQUIREMENTS

1. Families who have accumulated assets do not qualify for financial assistance through the New Jersey EOF Program. To be considered, you and your family must have a documented history of academic and financial disadvantage and meet the income guidelines listed below.

Academic Year 2016-2017	
Applicants with a Household Size	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
***For each additional member of the household add \$8,320	

NOTE: If both your parents/guardians are working and half the lower income added to the higher income equals the level recommended for the size of your family, you may also be eligible. If you are a ward of the state or if your family is receiving Aid to Dependent Children (ADC) support, you may qualify under most circumstances.

2. Be a legal resident of the State of New Jersey for at least one year prior to entering the College of Saint Elizabeth.
3. Be a motivated student with above average grades in high school and rank within the top half of your class.
4. Be available to participate in the **required (5) five-week** summer program. The program begins the last week in June and ends the beginning of August.

IF YOU BELIEVE YOU MEET THE GUIDELINES, YOU MUST DO THE FOLLOWING:

1. **Complete** the CSE admission application form (available online for download or in the Admission Office: 1-800-210-7900).
2. **Submit** a copy of your SAT/ACT scores and high school transcript(s).
3. **Submit** a copy of your IRS tax transcript. You may obtain a copy of your tax return transcript by using the IRS Data Retrieval Tool (<http://www.irs.gov/Individuals/Order-a-Transcript>), which is an easy and secure way to access and transfer tax return information directly onto the FAFSA form. If tax returns will not be filed, submit all copies of all W-2 Forms received by you and your parent(s)/guardian(s) to CSE and a statement indicating that you and your parent(s) guardian (s) will not file.
4. **Complete and submit** all sections of the Free Application for Federal Student Aid (FAFSA) at <http://www.fafsa.ed.gov> after January 1, 2016 and before March 1, 2016. Make sure that you list the CSE college code **002600** on your FAFSA.
5. **Complete the NJ HESAA questionnaire** at <http://www.hesaa.org/> after January 1, 2016 and prior to March 1, 2016.
6. Complete the EOF Program Questionnaire. All questions must be answered completely.
 - a. If you or your parent(s)/guardian(s) receive Public Assistance, Social Security or Disability benefits, have your case worker forward proof of your status and the total sum of benefits you received in 2015 to CSE.
7. Submit your complete immunization records before the start of the EOF Summer Program.
8. Additional information may be required to determine your eligibility for the EOF Program.
9. Once you have received notification of your application status, **a personal interview will be required**. For additional information, contact E.O.F Recruiter/Counselor, at (973) 290-4702.

2015 Other Taxable Income	_____	_____
2015 Untaxed Social Security Benefits	_____	_____
2015 Social Security Benefits	_____	_____
2015 Welfare or TANF Benefits	_____	_____
2015 Child Support Received	_____	_____
2015 Veteran's Benefits or Other Untaxed Income	_____	_____
2015 Total Income	_____	_____
PREVIOUS YEAR'S INCOME (Yearly Totals) 2014	_____	_____

If no income tax will be filed, please list the sources of income and amounts:

V. ASSET INFORMATION

1. Do you or your parents (dependent students) own a home? Yes No
If yes, what is the current value? _____ Debt? _____ Date of purchase? _____ Purchase price? _____
2. Do you or your parents (dependent students) own other real estate? Yes No If yes what is the current value? _____
Debt? _____ Date of purchase? _____ Purchase price _____
3. Do you or your parents (dependent students) own a business/ other property? Yes No
If yes what is the current value? _____ Debt? _____

VI. OTHER INFORMATION

1. Are you entitled to receive veteran's education benefits during the 2016-2017 year? Yes ___ No ___
If yes, list monthly amount _____
2. If you are a college transfer, provide us with name of college(s) _____ State _____ Dates attended _____
3. Do you have any siblings who are or were EOF student? Yes ___ No ___
If yes, what institution(s) do or did they attend? _____
4. Are your parents college graduates? Yes ___ No ___
If yes, what college did they attend? _____
5. What is the name and phone number of your guidance counselor?
Name _____ Phone Number _____

VII. READ AND SIGN

Eligibility for an EOF award is based on a history of financial and academic disadvantage as well as the result of an on campus interview with the EOF Program and performance in the Summer Program.

Send completed application to:
College of Saint Elizabeth
Admission Office
Santa Rita Hall
2 Convent Road
Morristown, NJ 07960

I DECLARE THAT THE INFORMATION REPORTED IS TRUE, CORRECT, AND COMPLETE. In keeping with the requirements of the EOF grant recipients, I affirm that my personal family background is one of disadvantage circumstances. I further understand that any willful omission OR misrepresentation of facts on this form will be considered impact the admissions decision. I understand that

STUDENT SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____