Educational Opportunity Fund Program Questionnaire
2015-2016
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.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Gross Income Not To Exceed***</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,340</td>
</tr>
<tr>
<td>2</td>
<td>$31,460</td>
</tr>
<tr>
<td>3</td>
<td>$39,580</td>
</tr>
<tr>
<td>4</td>
<td>$47,700</td>
</tr>
<tr>
<td>5</td>
<td>$55,820</td>
</tr>
<tr>
<td>6</td>
<td>$63,940</td>
</tr>
<tr>
<td>7</td>
<td>$72,060</td>
</tr>
<tr>
<td>8</td>
<td>$80,180</td>
</tr>
</tbody>
</table>

***For each additional member of the household add $8,120

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, 2015 and before March 1, 2015. Make sure that you list the CSE college code 002600 on your FAFSA.


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 2014 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.

COLLEGE OF SAINT ELIZABETH
EDUCATIONAL OPPORTUNITY PROGRAM QUESTIONNAIRE

The information on this EOF questionnaire is used to make a preliminary determination of your eligibility for the NJ EOF Program. Please do not leave any area blank. Final acceptance into the NJ EOF Program will be contingent upon the results of the required FAFSA. All students in consideration for the EOF grant must submit their family’s IRS federal tax return transcript and/or non-taxable income statements for the CSE.
FAFSA verification process. Failure to complete questionnaire in full and to provide requested supplemental information may delay determination of eligibility. Omission or misrepresentation of information will be grounds for removal from the EOF Program or denial for enrollment.

I. STUDENT INFORMATION

Name ___________________________________________ 2. Social Security # _______ - ______ - _________
Address ________________________________________ City ____________________ State ____________ Zip __________
Cell Phone __________________ Home Phone: ___________ E-mail: __________________________
D.O. B ___________________ Age ____________
I am: ☐ U.S. Citizen ☐ Permanent Resident (Alien Registration Number*: A__________________________)
*please submit a copy of the front and back of the permanent resident card (green card)
I am a New Jersey resident ☐ Yes ☐ No Date you became a resident ____+/____/____

II. STUDENT DEPENDENCY STATUS/FILING INFORMATION

You are considered an independent student if you meet one of the following criteria (check all that apply):
Yes ___ No ___ Were you born before January 1, 1991?
Yes ___ No ___ Are you a veteran of the U.S. Armed Forces? (Will be asked to provide proof of your service)
Yes ___ No ___ Will you be enrolled in a graduate or professional program (beyond a bachelor’s degree) in 2015-2016?
Yes ___ No ___ Are you married? (Will be asked to provide a copy of your marriage certificate)
Yes ___ No ___ Are you an orphan or ward of the court, or were you an orphan or ward of the court until the age 18? (Will be asked to provide proof of your status)
Yes ___ No ___ Do you have any legal dependents (other than a spouse)? (Will be asked to provide proof of your dependents)

If you do not meet any of these criteria, you are considered a DEPENDENT student.

III. HOUSEHOLD INFORMATION

Write the names of all family members (including yourself) that will reside in your household from July 1, 2015 through June 30, 2016. Please state their age, relationship to you, and (if applicable) the college they will attend during this period. If you need more space, please attach a separate sheet of paper.

FULL NAME  AGE  RELATIONSHIP  Name of COLLEGE Enrolled if will be enrolled during 2015-2016  Previous EOF? (Yes)/(No)

IV. INCOME INFORMATION

Please have federal IRS income tax returns and/or nontaxable income statements (social security, welfare, child support, etc.) accessible to accurately complete the following questions. If the financial information does not apply to you, or your parents, enter zero (0) in the spaces below. If you or your parents/guardians do not have current tax information, provide the most recent information you have (e.g. previous year’s information). You will be asked to provide additional documents to prove the information you provide.

Parents 2013 Tax Filing Status (check one) ☐ 1040 A/EZ ☐ 1040 ☐ Will not file
Student 2013 Tax Filing Status (check one) ☐ 1040 A/EZ ☐ 1040 ☐ Will not file

If tax return not yet filed, please estimate your annual income

<table>
<thead>
<tr>
<th>2014 Wages Earned</th>
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<tbody>
<tr>
<td>2014 Interest &amp; Dividend Income</td>
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<tr>
<td>2014 Other Taxable Income</td>
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<td></td>
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<tr>
<td>2014 Untaxed Social Security Benefits</td>
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<td>2014 Social Security Benefits</td>
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<tr>
<td>2014 Welfare or TANF Benefits</td>
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<td></td>
<td></td>
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<tr>
<td>2014 Child Support Received</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2014 Veteran's Benefits or Other Untaxed Income</td>
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</table>

PARENT | STUDENT
---|---
| | |
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 2015-2016 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 ___________