



**Educational Opportunity Fund Program  
Questionnaire  
2018-2019**

**College of Saint Elizabeth  
Office of Admissions  
Santa Maria 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 2018-2019	
Applicants with a Household Size	Gross Income Not to Exceed***
1	\$24,120
2	\$32,480
3	\$40,840
4	\$49,200
5	\$57,560
6	\$65,920
7	\$74,280
8	\$82,640
***For each additional member of the household add \$8,360	

**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 October 1, 2017 and before May 10, 2018. 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 October 1, 2017 and prior to May 10, 2018.
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 2016 to CSE.
7. Once you have received notification of your application status, a personal interview will be required. For additional information, contact EOF Recruiter/Counselor, at (973) 290-4702.
8. Additional information may be required to determine your eligibility for the EOF Program.
9. Submit your complete immunization records before the start of the EOF Summer Program.



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

I have read the New Jersey EOF program eligibility requirements and instructions listed:

- Yes, I qualify for the EOF program and wish to be considered for this program.  
 No, I do not qualify and do not wish to be considered.

The following determines who is considered a parent for the purposes of this form. Answer all questions.

Grandparents, foster parents, legal guardians, aunts, and uncles are not considered parents on this form unless they have legally adopted you.

√ If your parent was never married and does not live with your other legal parent, or if your parent is widowed or not remarried, answer the questions about that parent.

√ If your legal parents (biological and/or adoptive) are not married to each other and live together, select "Unmarried and both parents living together" and provide information about both of them regardless of their gender. Do not include any person who is not married to your parent and who is not a legal or biological parent.

√ If your parents are married, select "Married or remarried." If your legal parents are divorced but living together, select "Unmarried and both parents living together." If your legal parents are separated but living together, select "Married or remarried," not "Divorced or separated."

√ If your parents are divorced or separated, answer the questions about the parent you lived with more during the past 12 months. (If you did not live with one parent more than the other, give answers about the parent who provided more financial support during the past 12 months or during the most recent year that you actually received support from a parent.) If this parent is remarried as of today, answer the questions about that parent and your stepparent.

√ If your widowed parent is remarried as of today, answer the questions about that parent and your stepparent.

2. Parents' current marital status:

- Never Married (*Single Parent*)  
 Unmarried and Both Parents Living Together  
 Married or Remarried  
 Divorced or Separated (*Parents Do Not Live Together*). If so, please provide date of divorce or separation: \_\_\_\_\_(mm/yyyy)  
 Widowed. If so, please provide date widowed: \_\_\_\_\_(mm/yyyy)

3. Do you have any children? Yes No

4. At any time since you turned 13, were both of your parents deceased, were you in foster care, or were you a dependent or ward of the court?

Yes No.

If yes, the Financial Aid Office will require that you provide proof of your orphan, foster care, or dependent or ward of the court status

5. How many people are in your parents' household and receive more than half of their support from your parents' income?

(Number = \_\_\_\_\_)

- If dependent, "household" includes yourself, your parents, and your parents' other children if they are not independent, and other people who live with your parents from July 1, 2018, through June 30, 2019 who will receive more than half of their support from your parents.  
 If independent, "household" includes yourself (and spouse, if married) your children, and other people who will live with you for which you provide more than half of their support and will continue to provide more than half of their support through June 30, 2019.

Please provide full name, age, and relationship to you for each household member below:

First Name	Last Name	Age	Relationship to Applicant

5. If you have a brother or sister who is the current/prior recipient of an EOF grant at a NJ college, please provide the information below.

\_\_\_\_\_

Last name First name

\_\_\_\_\_

College Birthdate: mm/dd/yyyy

**Family Income From All Sources (2015)**

Please have your, your parents' and stepparents' federal IRS income tax returns, all schedules and worksheets, and nontaxable income statements (for social security benefits, welfare, child support, etc.) accessible to accurately complete the following questions. Indicate annual (2015) amount as listed on the income documents. If the financial information does not apply to you or your parents, enter zero (0) in the boxes below. Review the EOF Application Instructions and Eligibility Requirements on pages 1–2 carefully. **Do not leave any item blank, as this will constitute an incomplete EOF Application and prevent an EOF eligibility decision.**

7. Did you file a federal income tax return for 2015 (IRS 1040, 1040A, or 1040EZ)?  Yes  No  
 If yes, list the total number of exemptions reported on the 1040 (line 6D) \_\_\_\_\_  
 If yes, was your income tax return filing status "married filing jointly"?  Yes  No  
**If you did not file and were not required to file a federal tax return, please sign below to certify.**

\_\_\_\_\_  
 Signature of Applicant

8. Did your parents file a federal income tax return for 2015 (IRS 1040, 1040A, or 1040EZ)?  Yes  No  
 If yes, list the total number of exemptions reported on the 1040 (line 6D) \_\_\_\_\_  
 If yes, was your parents' income tax return filing status "married filing jointly"?  Yes  No  
**If your parents did not file and were not required to file a federal tax return, please have one of them sign below to certify.**

\_\_\_\_\_  
 Signature of Parent

9. What was your family's Adjusted Gross Income, as reported on 2015 federal income tax return IRS Form 1040 – line 37; 1040A – line 21; or 1040EZ – line 4? Use W-2 forms if you/your family earned wages but did not file a federal tax return

Parent 1 Father/Mother/Stepparent	Parent 2 Father/Mother/Stepparent	Student & Spouse
Unemployment: \$	Unemployment: \$	Unemployment: \$
Social Security Benefits: \$	Social Security Benefits: \$	Social Security Benefits: \$
Welfare/TANF: \$	Welfare/TANF: \$	Welfare/TANF: \$
Veteran Benefits: \$	Veteran Benefits: \$	Veteran Benefits: \$
Child Support: \$	Child Support: \$	Child Support: \$
Pensions & Annuities: \$	Pensions & Annuities: \$	Pensions & Annuities: \$
IRA Distributions: \$	IRA Distributions: \$	IRA Distributions: \$
Other Source: Amount: \$	Other Source: Amount: \$	Other Source: Amount: \$

Married/Joint Filers	Parent 1 (if not joint filer) Father/Mother/Stepparent	Parent 2 (if not joint filer) Father/Mother/Stepparent	Student & Spouse
\$	\$	\$	\$

11. Did you or your parents complete a schedule C or C-EZ for business owners (required if any amount was reported as positive, negative, or calculated zero on **line 12** of the IRS form 1040)? Yes No  
If yes, what was the gross income listed on **line 7** of Schedule C “**Profit or Loss From Business (Sole Proprietorship)**” or Net Profit listed on **line 3** of Schedule C-EZ “**Net Profit From Business (Sole Proprietorship)**”? \_\_\_\_\_

12. Did you or your parents complete a Schedule D for capital gains or losses (required if any amount was reported as positive, negative, or calculated zero on **line 13** of the IRS form 1040)? Yes No  
If yes, what was the net long-term capital gain or (loss) as listed on **line 15** of Schedule D “**Capital Gains and Losses**”? \_\_\_\_\_

13. Did you or your parents complete a schedule E for rental real estate or any schedules 1120, 1120A, 1120S, or 1065 for corporation owners (required if any amount was reported as positive, negative, or calculated zero on **line 17** of the IRS form 1040)? Yes No  
If yes, was the type of property in **Part I** listed on Schedule E “**Supplemental Income and Loss**” a multi-family residence?  
 Yes  No  
If yes, how many units are there? \_\_\_\_\_  
Is your primary residence one of these units? \_\_\_\_\_  
Was there any income reported on Schedule E, **Part II – Part IV**? Yes No

14. If you and your family did not qualify to file federal tax returns in 2015, what was the source of your family’s income? Please provide the amount received below or enter “0.”

15. Do you receive free or reduced-price meals at school, or afterschool programs, or camps (National School Lunch or Breakfast Programs)?  
 Yes  No

16. Please provide the name, email address, and phone number of your high school counselor:

School Counselor Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number w/Area Code: \_\_\_\_\_

### 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's benefits during the 2018-2019 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? \_\_\_\_\_
6. 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**  
**Office of Admissions**  
**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

**INTENTIONAL FALSE STATEMENTS OR MISREPRESENTATION SUBJECTS  
THE APPLICANT TO A FINE AND AUTOMATIC DISQUALIFICATION**

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_