

**COUNTY COLLEGE OF MORRIS
OFFICE OF THE EDUCATIONAL OPPORTUNITY FUND**



E.O.F. APPLICATION
2018 - 2019



Complete this form and return it to the E.O.F. Office. Please read enclosed letter and see back of application form for instructions and eligibility guidelines.

Part A PERSONAL INFORMATION

Name _____ Social Security No. _____ - _____ - _____
(Last) (First) (Middle Initial)

Address _____
(Street) (Apt. #) (City) (State) (Zip)

Phone # () _____ - _____ Emergency Phone # () _____ - _____
(County)

Cell # () _____ - _____ Email Address _____

NJ Resident: Yes _____ No _____ Years lived in N.J. _____ Date of Birth ____/____/____ Sex ____M ____F

High School Attended _____ Grad. Date _____ High School Equivalency Test Date _____

Federal and State governments require the college to submit summary information in the following areas:
Your cooperation in completing this information will be appreciated.

Ethnicity: Black or African American American Indian or Alaska Native Asian Hispanic, of any race White
 Native Hawaiian or Other Pacific Islander Two or more Races Race and Ethnicity Unknown

Citizenship Status:

US Citizen (US National)? Yes No Eligible Non-Citizen (Permanent Resident)? Yes No Alien Registration # A _____

Not US Citizen or Eligible Non-Citizen? Yes No

Student's Expected Enrollment Status **2018-2019** (Check One)

____ First-Time Full-Time Student ____ EOF Re-Admit from Academic Year: _____
 ____ CCM Student ____ EOF Transfer (**Academic Transcript Required From All Prior Colleges**)

Part B HOUSEHOLD INFORMATION

Father/Legal Guardian/ Step Parent _____ Address _____ City/State _____ Zip _____ Occupation _____	Mother/Legal Guardian/ Step Parent _____ Address _____ City/State _____ Zip _____ Occupation _____
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Parents' Status: ____ Single/Never Married ____ Married ____ Divorced (Date _____) NJ Resident: No ____ Yes ____
 ____ Widow ____ Remarried ____ Separated (Date _____) Since ____/____/____

List Additional Family Members:

<u>Full Name</u>	<u>Age</u>	<u>Relationship</u>	<u>College</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part C STUDENT STATUS INFORMATION

____ I am a Dependent Student

____ I am an Independent Student, since I meet one of the following: *(check one)*

____ I was born before January 1, **1995**.

____ I am a Veteran of the U.S. Armed Forces. (**Attach copy of DD-214.**)

____ I have a legal dependent other than a spouse. (**Attach copy of dependent's birth certificate.**)

____ I am married. (**Attach a copy of your marriage certificate.**)

____ I am an orphan or ward of the Court. (**Attach proof of your status.**)

The maximum Gross Family Incomes for New Jersey EOF eligible student:

Family Size:	1	2	3	4	5	
Dependent Students & Independent Students	\$24,120	\$32,480	\$40,840	\$49,200	\$57,560	Add \$8,360 for each additional household member.

- Were you claimed by your parents as an income tax exemption in 2017? Yes _____ No _____
 - Did you receive Federal and/or State Financial Aid during the academic year 2017-2018? Yes _____ No _____
 - In what year were you last claimed on your parents' income tax form? _____
 - Will you be claimed by your parents as an income tax exemption in 2018? Yes _____ No _____
 - Do both of your parents, stepparents or legal guardians earn wages from full- or part-time jobs? Yes _____ No _____
One parent? Yes _____ No _____ Father's occupation _____ Mother's occupation _____
 - Parent(s) Adjusted Gross Income from Federal Income Tax returns 2016 _____ 2017* _____
 - Student's (and Spouse's if applicable) Adjusted Gross Income from Federal Income Tax returns 2016 _____ 2017* _____
 - Detail of Source(s) of 2017 income ***
- | | (Step) Father | (Step) Mother | Student | Spouse (if applicable) |
|---|---------------|---------------|----------|------------------------|
| Taxable salaries and wages (per year) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Dividends and interest (per year) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Social Security (per year) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Child Support (per year) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Veteran's Benefits (per year) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Welfare (per year) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Other (per year) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
- How many people are living in your household (include yourself, parents, and anyone else receiving more than 50% support)? _____
How many people in your household (include yourself) will be enrolled in college during the 2018-2019 academic year? _____
 - Do your parent(s), stepparent(s), legal guardian(s) own a home? Yes _____ No _____ \$ _____ \$ _____
 - Parent(s) / guardian(s) savings, stocks and bonds? \$ _____ Present Market Value _____ Mortgage Owed _____
Student's savings, stocks and bonds? \$ _____
 - Do your parent(s) own a business? Yes _____ No _____ If yes, submit copies of all pages of your parents' most recent income tax form 1040.
Do you own a business? Yes _____ No _____ If yes, submit copies of all pages of your most recent income tax return.

Please attach any comments of unusual circumstances to this application.

As per enclosed instructions, please submit ALL SUPPORTING FINANCIAL DOCUMENTS FOR 2016 & 2017 TO SUBSTANTIATE THE INFORMATION YOU HAVE HEREIN PROVIDED. For example, 2016 & 2017 Tax Return Transcripts including W-2 forms and appropriate schedules, Welfare statement, Child Support award letter, Social Security forms, Pension benefits form, or other applicable documents.

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

Part F AWARD INFORMATION

In order to complete the award process, the following must be done:

- ✓ Complete and File an **Admissions Application to CCM.**
- ✓ Complete and File the **2018-2019 Free Application for Federal Student Aid (FAFSA)** at www.fafsa.ed.gov. (This is only for applicant who has a Social Security Number and is either a US Citizen, US National or a Permanent Resident)
- ✓ Complete and File the **2018-2019 NJ Alternative Financial Aid Application** at www.hesaa.org/Pages/NJAlternativeApplication.aspx. (This is only for applicant who does not have a Social Security Number and/or is not a US Citizen, US National or Permanent Resident)
- ✓ Complete and File the **E.O.F. Application Form.**
- ✓ Submit **Proof of Income** and any **other requested documentation, as per enclosed instructions.**
- ✓ Schedule **Applicant Interview by calling 973.328.5270.**
- ✓ Submit two official forms of identification including **driver’s license, social security card, student ID and/or alien registration card.**

Factors that determine eligibility include:

- ✓ Full-time enrollment (at least 12 credits per semester)
- ✓ One year residency in New Jersey
- ✓ History of financial need (must meet EOF Income Guidelines - **Part D** of application)
- ✓ Show potential and readiness to successfully complete transitional or college level course work through performance on the Accuplacer Entrance Examination (Minimum score of 3 or better on the Essay portion of exam is required)
- ✓ A willingness to attend and participate in required EOF activities
- ✓ Must **not** be in the last two terms of study leading to graduation or must have accumulated **no more than 24 credits.**

I (We) certify that the information given on this application is true, accurate, and complete to the best of my knowledge. I understand EOF is not an entitlement program and slots are limited, based on state funding available. I (we) agree to provide proof of the information that I have given on this form if asked by an authorized official. If proof is not submitted, aid may be denied.

According to the Family Educational Rights and Privacy Act (FERPA), your permission is needed to discuss your application and documentation related to your educational and financial needs with faculty/staff, on occasion. Please sign below to certify the information given and to grant EOF permission to discuss your needs with the appropriate person(s) for the purpose of educational planning.

Student Signature	Date	Parent (Guardian) Signature	Date
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For additional information or assistance, contact the Educational Opportunity Fund Office listed below.

Please return this application to:

Educational Opportunity Fund
County College of Morris
214 Center Grove Road, Cohen Hall – CH 211
Randolph, NJ 07869-2086

Voice number: (973) 328-5270
Fax number: (973) 328-5269

Email address: eof@ccm.edu
Website address: www.ccm.edu/studentLife/CampusServices/EOF

Dear EOF Applicant:

Thank you for your interest in the County College of Morris **Educational Opportunity Fund Program (EOF)** for the **Academic Year 2018 - 2019**. In order to be considered for the EOF program, all students must provide the **applicable** financial documents, as per list below. Please read this **VERY** carefully and submit documentation as soon as possible. The EOF program has very limited number of slots available. The following documents are required, as applicable:

PART A PROVIDE COPIES OF:

- ✓ **2016 Federal Tax Return Transcript** corresponding W-2's for both you and your parent(s) or guardians.
- ✓ **2017 Federal Tax Return Transcript** corresponding W-2's for both you and your parent(s) or guardians.

As per Federal & State regulations we cannot accept Federal 1040 income tax return forms to show proof of income. You must provide an IRS Tax Return Transcript for the year you filed your taxes. PLEASE NOTE – If you/your parent's tax return was amended or changed after filed, you will need to provide both IRS Tax Return Transcript & IRS Account Transcript copies. You can either request a copy to be mailed to you OR download it directly from the IRS website <http://www.irs.gov/Individuals/Order-a-Transcript>. Copies are also available at your local IRS office.

- ✓ **Student Aid Report (SAR)**. On completion of FAFSA, please print copy of your submitted application.
- ✓ **Two forms of ID, and if applicable; a copy of your permanent resident card.**

PART B IF YOU DID NOT FILE FOR TAXES AND/OR RECEIVED OTHER SOURCES OF INCOME, YOU MUST PROVIDE A STATEMENT COPY OF ANY OF THE BELOW APPLICABLE DOCUMENTS FOR BOTH YOU AND YOUR PARENT/GUARDIAN:

- **2016 & 2017** Social Service (Welfare and/or SNAP – formerly food stamps), Social Security, Disability Benefits, Veteran Benefits and/or Child Support statements – ***whichever is applicable.***
- **If parent(s) receive unemployment benefits**, we need unemployment benefits documentation.

PART C OTHER MISCELLANEOUS DOCUMENTS, IF APPLICABLE:

- **If you are a Ward of the State**, we need a copy of your court documents.
- **EOF Transfer Form**, if transferring from another NJ college/university to CCM and was previously an EOF student. Must request transfer form at former EOF program.

All students applying to the County College of Morris through the EOF Program must also submit an application for Undergraduate Admission and be accepted **full-time**. All EOF applicants **MUST complete and file the 2018 - 2019 Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov and answer the additional questions for NJ state aid consideration at www.hesaa.org.**

Students must adhere to all state & federal guidelines and provide all supporting documentation. The EOF program is directly tied into the state financial aid process. We advise you to keep copies of all financial documents submitted to the EOF program and/or the Financial Aid office, some of these might be the same.

Sincerely,



J. Pamela Marcenaro, MBA
Dean of Learning Support & Opportunity Services

