APPLICATION

Last Name:	First Name:	M. I
Address:		
Phone: Home #	Cell #:	DOB:
Social Security #:	SCCC Student ID #:	
Email:	Gender: ☐ Female ☐ Male	
☐ US Citizen ☐ Resident Alien	Alien Registration Card #	
Have you lived in New Jersey for at least one year prior	to this application? Yes No	
Educational and Financial Background ————		
Are you registered at SCCC? ☐ Yes ☐ No	Intended Major:	
Semester Applying for: ☐ Fall ☐ Spring		
High School Attended:	County: Gradua	tion Date:
Were you eligible for free or reduced lunch? \square Yes	No	
Have you participated in any of these programs?	EAP □ NJ GEAR UP □ COLLEGEBOUND	☐ NJ STARS
Did you take advanced college/Concurrent Enrollment courses in High School? ☐ Yes ☐ No		
Cumulative Credits earned:		
Do you have a GED/HSE? ☐ Yes ☐ No GED/HS	E Year:	
Are you the first family member to attend college? $\ \square$	∕es □ No	
	☐ Divorced	
*Check any if applicable: \square Have children \square Married	☐ Veteran ☐ Orphan or ward of the state	\square Over 24 yrs. old
If you checked any of the boxes in the previous section	*, please check Independent, otherwise check De	pendent.
Applicant is: Dependent Independent		
Applicant's and/or parent's source of income: \square Salary	☐ Welfare ☐ Social Security ☐ Other	
Size of applicant's or parent's household including your	rself, parents and siblings living in the household:	
Terms of EOF Application:		
I certify that the information reported on this application	n is true, accurate, and complete to the best of my	knowledge.
Signature:	Date:	
Racial/Ethnic Background (Optional):		
☐ Black/African American ☐ American Indian or Ala	_	
☐ Hispanic, of any race ☐ White	☐ Native Hawaiian or Pacific Island	der
☐ Two or more races ☐ Race and Ethnicity Ur	nknown	

Mail or Deliver Your Completed Application to:

Sussex County Community College Educational Opportunity Fund Program One College Hill Road Newton, NJ 07860 Sussex County
COMMUNITY COLLEGE