Let EOF help you from application to graduation!

EDUCATIONAL OPPORTUNITY FUND

APPLICATION

Last Name: _____ First Name: _____ M. I. _____

Address: _____

Phone: Home #_____ Cell #: _____ DOB: _____

Social Security #: _____ SCCC Student ID #: _____

Email: _____ Gender: ☐ Female ☐ Male

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 Semester Applying for: ☐ Fall ☐ Spring

Do you have a high school diploma? ☐ Yes ☐ No

High School Attended: _____ Graduation Date: _____

Have you participated in any of these programs? ☐ LEAP ☐ NJ GEAR UP ☐ COLLEGEBOUND ☐ NJ STARS

Do you have a GED/HSE? ☐ Yes ☐ No GED/HSE Year: _____

Have either parent received a college degree? ☐ Yes ☐ No

Applicant is: ☐ Dependent ☐ Independent

Size of applicant's or parent's household including yourself, parents and siblings living in the household: _____

Terms of EOF Application:

I certify that the information reported on this application is true, accurate, and complete to the best of my knowledge.

Signature: _____ Date: _____

Racial/Ethnic Background (Optional):

☐ Black/African American ☐ American Indian or Alaskan Native ☐ Asian

☐ Hispanic, of any race ☐ White ☐ Native Hawaiian or Pacific Islander

☐ Two or more races ☐ Race and Ethnicity Unknown

Mail or Deliver Your Completed Application to:

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

For more information, contact us at eof@sussex.edu or (973) 300-2347

Sussex County COMMUNITY COLLEGE