



Educational Opportunity Fund (EOF) Program Application

The Educational Opportunity Fund Program (EOF) is a state sponsored program which provides academic and financial support to selected & eligible students who have demonstrated the potential for success in college. EOF is a **highly selective** program and only a limited number of students will be selected for participation, even if all eligibility requirements are met.

Eligibility

To be considered for the Educational Opportunity Fund Program, students **must**:

1. Have received a high school diploma, a New Jersey high school equivalency diploma, or a GED certificate by the time you register for college.
2. Be a New Jersey resident for **12 consecutive months** prior to receiving the award.
3. Enrolled in 6 or more course credits at Atlantic Cape Community College.
4. Meet the **state's income eligibility guidelines** as outlined at nj.gov/highereducation/EOF.
5. Complete the Free Application for Federal Student Aid (FAFSA).
6. Complete the EOF program application.
7. Complete the **EOF eligibility questions** required by the state which is available when you log onto njfams.hesaa.org/NJFAMS/login.aspx.
8. Place into **English 080** or higher (ENGL 099, ENGL 101 etc).
9. Completed English as a Second Language Sequence (if applicable).
10. Have a minimum cumulative grade point average (**GPA**) of **2.3 or higher** if a student is applying to the program after one or more semesters have been completed (this excludes students that have not completed a college semester).

Services Offered

- **Financial Assistance** - Students are eligible to receive **up to \$1600** per academic year dependent upon their enrollment status.
- **Counseling** - A professional counselor is assigned to each EOF scholar to provide them with individualized academic advising and planning, transfer assistance, and resources to help them achieve their educational and career goals.



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Personal Data			
Last Name	First Name	Atlantic Cape Student ID##	
Street Address	City	State	Zip Code
Home Telephone Number	Cell Phone Number	Atlantic Cape Email	

Demographic Data		
Gender: Male Female Non-Binary	Date of Birth: MM____ DD____ YYYY_____	
Ethnicity (for statistical purposes only): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic, of any race <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races <input type="checkbox"/> Race and Ethnicity unknown		
United States Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you an eligible non-citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien Registration # _____ (eligible non-citizens must provide a copy of the alien registration card)
New Jersey Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many years have you been a New Jersey resident? _____	

Educational Information		
High School:	City:	State:
Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	Year of graduation:	
G.E.D. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year received _____	Did you participate in GEAR Up while in High School? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list other colleges/universities that you are currently attending or have attended: 1. _____ 2. _____		
Did you receive EOF at any of the colleges listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <input type="checkbox"/> College #1 <input type="checkbox"/> College #2	
Do you plan to graduate from Atlantic Cape? <input type="checkbox"/> Yes <input type="checkbox"/> No	Intended Major:	
Do you plan to transfer after graduation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Intended College:	
Are you currently enrolled in courses at Atlantic Cape? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many credits?	

Questions continued on next page

Family Information

Marital Status: Single Married Divorced Separated Widowed

Number of dependents (not including yourself): _____

First Generation: Have either of your birth or adoptive parents earned a four-year bachelor's degree? Yes No

With whom do you live?

- Parent(s) Guardian Spouse & Children
 Children Alone Friends
 Other _____

Do you have a family member that has participated in an EOF program? Yes No

If yes, list name, relationship and college:

_____ Name _____ Relationship _____ College

Financial Information

Have you filed a Free Application for Federal Student Aid (FAFSA)? Yes No

Approximate Date: _____

SIGNATURE AND RELEASE INFORMATION

Release Statement: By completing this application I give Atlantic Cape Community College and the EOF program permission to use my picture and/or information in program statistics and publications for informational and educational purposes. Information shared with EOF staff may be shared with other college staff/offices on an as need basis for educational purposes. ***I understand that this application will only be considered if it is filled out in its entirety and that submitting this application does not guarantee my acceptance into the EOF program; final approval is determined by the New Jersey Office of the Secretary of Higher Education (OSHE).***

Signature: _____ Date: _____