



Educational Opportunity Fund (EOF) Program Application

(FACT SHEET; KEEP FOR YOUR RECORDS)

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. Since EOF is not an entitlement program, even if you meet the eligibility requirements, only a limited number of students will be selected for participation.

Eligibility

The following requirements must be met in order to be considered for the Educational Opportunity Fund Program:

1. You must 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. You must be a New Jersey resident 12 consecutive months prior to receiving the award.
3. Be admitted to Atlantic Cape and registered as a full-time (12 or more credits) student.
4. You must meet the state's income guidelines:

(you may be considered for the program should your income exceed the limits below, thus you are encouraged to apply).

Income Guidelines for the 2022-2023 Academic Year

Household Size	1	2	3	4	5	6	7	8
Gross income not to exceed	\$25,760	\$34,840	\$43,920	\$53,000	\$62,080	\$71,160	\$80,240	\$89,320

** For each additional member of the household add \$9,080

You must also:

5. Complete the Free Application for Federal Student Aid (FAFSA).
6. Complete the EOF application.
7. Complete the additional eligibility questions required by the state to be eligible for state aid. To do so, you must log on to <https://njfams.hesaa.org/NJFAMS/login.aspx> and report additional **information for your EOF Application to be complete.**
8. Test out of the first level of developmental English.
9. Completed English as a Second Language Sequence.

Services

All EOF students can receive up to \$1600 per academic year. EOF provides a wide range of services such as academic advisement, monitoring of academic progress, personal counseling, career planning, transfer advisement, workshops/seminars, summer classes, customized academic plans and transfer admission fee waivers.




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

Demographic Data		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	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	
Other colleges 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 completely filled out and that the completion of this application does not guarantee my acceptance to the EOF program; final approval is determined by the New Jersey Commission on High Education.

Signature: _____ Date: _____