

# Educational Opportunity Fund

Essex County College 303 University Ave. Newark, New Jersey 07102 - 3<sup>rd</sup> Level – Green Area (973) 877-3228 or (973) 877-3420

## AFFIRMATIVE ACTION STATEMENT

It is the policy of Essex County College not to discriminate on the basis of race, creed, color, religion, national origin, age, sex, physical handicap or marital status in its educational programs, activities or employment. Furthermore, the College agrees to adhere to all Federal and State statutes, orders, regulations and guidelines concerning equal opportunities.

### Contact Information

<b>Social Security</b>					<b>E.C.C. ID Number</b>				
<b>Legal Name</b>									
		<i>Last Name</i>			<i>First Name</i>		<i>Middle Name</i>		
<b>Other Names that may appear on your academic or personal record</b>									
<b>Mailing Address</b>									
		<i>Street</i>		<i>Apt #</i>	<i>City</i>	<i>Zip Code</i>		<i>County</i>	<i>State</i>
<b>Do you Have a High School Diploma?</b>		<b>If not do you have a G.E.D?</b>			<b>If not did you take the A.B.E. test?</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>High School Name</b>					<i>City</i>		<i>State</i>		
<b>Are you transferring any credits from a previous Higher education Institution?</b>		<b>Is World Education Services evaluating your off shore College credits?</b>							
<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes How many credits are you transferring?							
<b>Birth date</b>					<b>Birth Place</b>				
		<i>Month</i>	<i>Day</i>	<i>Year</i>			<i>City</i>	<i>Country</i>	
<b>Are you a U.S Citizen</b>		<b>Permanent resident</b>			<b>If yes Green Card Number</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			#				
<b>Legal Resident of New Jersey</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Month /Year you began living in New Jersey</b>				
							<i>Month</i>	<i>Day</i>	<i>Year</i>

### Ethnicity and Gender

<input type="checkbox"/> Female  <input type="checkbox"/> Male		<input type="checkbox"/> African American <input type="checkbox"/> Hispanic - Other <input type="checkbox"/> White Non Hispanic		<input type="checkbox"/> Asian Pacific Islander <input type="checkbox"/> Choose not to Report <input type="checkbox"/> American Indian or Alaskan Native	
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Were you born before January 1, 1986		Are you a veteran of the U.S. Armed Forces?			Registered with the Selective Service?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you Married	Do you have legal dependents (other than) your spouse?			Do you have any siblings who attend college?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever received EOF before?	If Yes When?	Month	Day	Year	How Many Payments you received	
<input type="checkbox"/> Yes <input type="checkbox"/> No					Name of the College you Started as an EOF Student	

**Financial Information (Parents or Student)**

Legal Status		Total Family Size	Number living at Home	How Many Students in household																				
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced																								
Source of Income		\$	Check the Income Guideline for 2009 accordingly to your family size. If you make no more than \$5,000 you could submit an EOF appeal to get accepted in our program.																					
Net Income			<table border="1"> <thead> <tr> <th colspan="2">(EOF) Income Eligibility Scale 2009</th> </tr> <tr> <th>Household Size</th> <th>Gross Income Ceiling</th> </tr> </thead> <tbody> <tr><td>1</td><td>20,800</td></tr> <tr><td>2</td><td>28,000</td></tr> <tr><td>3</td><td>35,200</td></tr> <tr><td>4</td><td>42,400</td></tr> <tr><td>5</td><td>49,600</td></tr> <tr><td>6</td><td>56,800</td></tr> <tr><td>7</td><td>64,000</td></tr> <tr><td>8</td><td>71,200</td></tr> </tbody> </table>		(EOF) Income Eligibility Scale 2009		Household Size	Gross Income Ceiling	1	20,800	2	28,000	3	35,200	4	42,400	5	49,600	6	56,800	7	64,000	8	71,200
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7	64,000																							
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Gross Income																								
Social Security																								
AFDC, Welfare																								
Child Support																								
Veteran's Benefits																								
Unemployment or disability																								
Other																								
Adjusted Gross Income																								
			Add \$ 6,960 for each additional member of the household **Certain exceptions may apply **** Inquire at your EOF office**																					

**Student Information**

Did you take the Basic Skill examination?	Which Semester do you plan to enroll at Essex	Are you Registered for classes
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<input type="checkbox"/> Yes <input type="checkbox"/> No
How Many Credits are you taking		

Verification: All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my U.S. Federal, State or Local Income Tax return. If proof is not submitted, aid may be denied, also, I have received a copy of the EOF Policy Statement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

Student Type:	<input type="checkbox"/> New	<input type="checkbox"/> Returning	<input type="checkbox"/> Continuing	<input type="checkbox"/> Transfer	<input type="checkbox"/> Re-Admit	<input type="checkbox"/> FTFTF					
Campus :	<input type="checkbox"/>	<input type="checkbox"/> W.E.C	<input type="checkbox"/> Focus	<input type="checkbox"/> Ironbound	<input type="checkbox"/> THMC	<input type="checkbox"/> SPS					
Denial Codes	<input type="checkbox"/> AP	<input type="checkbox"/> T.M.C.	<input type="checkbox"/> Part-Time	<input type="checkbox"/> NR	<input type="checkbox"/> NS	<input type="checkbox"/> W's					
Application Status	<input type="checkbox"/> Non Matriculated <input type="checkbox"/> After Deadline		Academic Status	<input type="checkbox"/> Probation <input type="checkbox"/> Suspension		<input type="checkbox"/> Accademic Dismissal <input type="checkbox"/> Financial Aid Probation					
Remedial Classes	<input type="checkbox"/> ESL	<input type="checkbox"/> Math	<input type="checkbox"/> Rdg	<input type="checkbox"/> ENG	<input type="checkbox"/> Too Low						
State Rejection Code	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F	<input type="checkbox"/> G	<input type="checkbox"/> I	<input type="checkbox"/> J	<input type="checkbox"/> K	<input type="checkbox"/> L
	<input type="checkbox"/> M	<input type="checkbox"/> N	<input type="checkbox"/> O	<input type="checkbox"/> P	<input type="checkbox"/> Q	<input type="checkbox"/> R	<input type="checkbox"/> S	<input type="checkbox"/> T	<input type="checkbox"/> U	<input type="checkbox"/> V	<input type="checkbox"/> X
FAFSA	<input type="checkbox"/> Submitted on		Registration Status								
			Fall	Spring	Summer 1	Summer 2					
F.A.E.C.C.	<input type="checkbox"/> Completed <input type="checkbox"/> Incomplete		Eligibility Date								
EOF Request	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Reinstate											
Cancellations											
Curriculum Code		Counselor		GPA							
Comments:											