

Educational Opportunity Fund (EOF) Program Application

Personal Data Chart

Topic	Answer
First and Last Name	
College ID	
Street Address	
City, State and Zip	
Home Telephone Number	
Cell Phone Number	
Atlantic Cape Email	
Personal Email	
Gender	
Date of Birth	

Demographic Information

Ethnicity	Indicator: Place an X in the field of choice
American Indian/Alaska Native	
Black/African-American	
Asian	
Hispanic, of any race	
Native Hawaiian/Other Pacific Islander	
White	
Two or more races	
Race and Ethnicity Unknown	

Citizenship

Citizen/Resident	Answer
United States Citizen (yes or no) *if no, are you an eligible non-citizen	
Alien Registration Number	
New Jersey Resident (Yes or No) *if yes, provide years of residency	

Educational Information

Information	Answer
High School attended	
City, State	
Currently enrolled? (yes or no)	
Year of graduation or expected graduation	
G.E.D. earned? (yes or no)	
Year G.E.D. received	
Have you attended any other Colleges? (if yes, please provide names of colleges)	

Information	Answer
Did you receive EOF at any other colleges? (if yes, please provide name of college)	
Do you plan to graduate from Atlantic Cape? (yes or no)	
Intended major	
Do you plan to transfer after from Atlantic Cape after graduation?	
Intended college	

Office Use Only

SSID:	CRI:	NJFAM:	EFR:
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Family Information

Topic	Answer
Marital Status: (Single, Married, Divorced, Separated, Widowed)	
Number of Dependents	
With whom do you live with? (parents, guardian, spouse, spouse & children, alone, friends, other)	
Does the parent with whom you live or lived with have a Bachelor's degree or post graduate degree?	
Do you have a family member that has participated in an EOF program? (If yes, list name, relationship and college)	
Have you participated in the Gear Up Program?	

Financial Information

Have you filed a Free Application for Federal Student Aid (FAFSA)? (Yes, No)	Yes (if yes provide date of filing)	No
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Signature and Release of 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/or educational purposes. Information may be shared with EOF staff and with other college staff/offices on an as need basis for educational purposes.

Signature: _____ **Date:** _____

The completion of this application does not guarantee your acceptance to the EOF program; final approval is determined by the New Jersey Commission on Higher Education.

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Date	
EOF ADM	
Credits Attempted (excluding current semester)	
Earned Credits	
Current Semester Credits	
Transfer Credits	
CGPA	
EOF Code (EFR, NEW, RE-ADMIT, Transfer)	
Counselor	

Office Use Only - Waiting List

	Waiting	Denied
List		
Date		
Reason		