BERGEN COMMUNITY COLLEGE EDUCATIONAL OPPORTUNITY FUND PROGRAM APPLICATION

400 Paramus Road, Room C-100, Paramus, New Jersey 07652

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Program Description

The Educational Opportunity Fund (EOF) Program was instituted by the New Jersey State Legislature in 1968 for the purpose of helping economically and educationally disadvantaged students obtain a college education. Students who are accepted into the program are provided with a grant and comprehensive support services designed to enhance their college experience and to insure the success of each participant.

What Is the EOF Program?

- The EOF Program is not an entitlement program. Initial **EOF Eligibility** is determined on the basis of both economic and educational criteria, and since grant funding to institutions is limited, first priority is given to first-time, full-time freshmen and to EOF transfer students in good standing from another EOF Program.
- The EOF program provides **information related to the financial aid process** at Bergen Community College (BCC) and **academic advisement** to eligible, highly motivated students from educationally and economically disadvantaged backgrounds who attend institutions of higher education in the State of New Jersey.
- Students who are accepted into the program are provided with an **EOF grant** and comprehensive academic support services designed to enhance their college experience and to insure the success of each participant.

What services are provided?

- Students are assigned to an **EOF counselor** who will provide transitional support, academic advisement, and ongoing support throughout their academic career at Bergen Community College.
- The privilege of **priority registration** allows EOF students to be among the first to register for each upcoming semester.
- The opportunity to register for **permanent one-on-one tutoring sessions**, assuring a secured appointment time with a preferred tutor.
- **Workshops** customized for EOF students designed to address a variety of educational and social issues affecting college students.
- Access to the **Summer EOF Grant** for eligible students to help with the cost of attending summer classes.
- Incoming first time college students entering EOF in the fall semester may be eligible to attend a free EOF **Pre-Freshman Summer Program** that helps students adjust to the college environment and provides academic preparation for the fall semester.

*You must qualify for this program – see guidelines

To **APPLY** for the EOF program, a student must:

- □ **STEP 1:** Apply to Bergen Community College (BCC)
 - □ Take the placement test at the Office of Testing Services (located in Room S-127)

□ STEP 2: Complete a Free Application for Federal Student Aid (FAFSA) at: www.fafsa.gov

- □ List BCC as the first choice (school code: 004736)
- □ **At the end click on: "Start your state application"** to apply for NJ Tuition Aid Grant (TAG) or go to <u>www.hesaa.org</u>

□ **STEP 3:** Meet the **EOF grant eligibility requirements**:

- □ Be a **NJ Resident** for at least one (1) year,
- □ Be a Citizen or Permanent Resident,
- □ Be a recipient of a High School Diploma, GED, or HSE,
- □ Intend to have **Full-Time** enrollment, in the first semester,
- □ Have only completed **32 College-level credits or less**,
- □ Be eligible for the **TAG** (as determined by completing the FAFSA), and
- □ Meet the **Income Eligibility Guidelines** listed below:

Academic Year 2018-2019		
Check One:	Household Size of:	Gross Income Not to Exceed:
	1	\$24,120*
	2	\$32,480
	3	\$40,840
	4	\$49,200
	5	\$57,560
	6	\$65,920
	7	\$74,280
	8	\$82,640
	9+	For each additional member add \$8,360.

*Based upon state approval.

- □ **STEP 4:** Complete an **EOF Application**
- □ **STEP 5:** Upon review of your application and financial aid status, **you will be contacted** by our office to make an appointment for an interview to review your eligibility, if you are eligible.
- □ **STEP 6:** Please bring <u>COPIES</u> of the following documents to your **Interview**:
 - □ Copy of: 2016 STUDENT'S SSI Benefits or Tax Return Transcripts from <u>www.irs.gov</u>
 - □ Copy of: 2016 PARENT'S SSI Benefits or Tax Return Transcripts from <u>www.irs.gov</u>
 - □ Copy of: Non-filer statement from <u>www.irs.gov</u> (if applicable)
 - □ **Copy** of: **Welfare Letter** (if applicable)
 - □ Copy of: High School Diploma or Final Transcripts
 - □ **Copy** of: **GED Certificate** or **Scores** (if applicable)
 - □ **Copy** of: **Permanent Resident Card** (if you are not a citizen)
 - □ **Copy** of: **EOF Transfer Form** (if transferring from another EOF program)
 - □ **Copy** of: **Letter from DYFS** (if ward of the state)
 - □ **Copy** of: **Court Documents** pertaining to custody or guardianship (if applicable)

EOF APPLICATION DEADLINES				
NOVEMBER 1 st for the FALL Semester	MARCH 1 st for the SPRING Semester			

BERGEN COMMUNITY COLLEGE EDUCATIONAL OPPORTUNITY FUND (EOF) PROGRAM APPLICATION 400 Baramus Boad, Boom C 100, Baramus, New Jorean 07652, 1505

Please print or typ		
Full Name	pe:	Date of EOF Application:
run name:		Gender: 🗆 Male 🗆 Female 🗆
Date of Birth:	BCC Student ID#:	SS#:
Address:		City, State, & Zip:
		Home Phone:
 Summer 2018 (Fall Semester (Spring Semester 	r (January 2019) • Admission Status: ous college) • ding Bergen	Length of time living in NJ: Are you or will you be a high school graduate? □ Yes: High school name: Year of graduation: □ No, I have a GED or HSE. Have you received EOF funds at another institution? □ Yes □ No
	EMIC YEAR 2018-2019	STUDENT'S source of income:
Check One:House Size1123345	hold of: Gross Income No Exceed: \$24,120* \$32,480 \$40,840 \$49,200 \$57,560	Image: Constraint of the state of the s
Check One: House Size 1 1 2 3 3 4 5 6	hold of: Gross Income No Exceed: \$24,120* \$32,480 \$40,840 \$49,200 \$57,560 \$65,920	Image: Supplement Benefits Image: Supplemental Social Security Income Image: Supplemental Social Security Income Image: Child Support Image: Child Support Image: Welfare Aid (TANF) Image: Other: Image: Wour PARENT'S source of income (if you are a dependent student): Image: Image: Benefits
Check One:House Size1123345	hold of: Gross Income No Exceed: \$24,120* \$32,480 \$40,840 \$49,200 \$57,560 \$65,920 \$74,280	Image: Supplement Security Income Image: Supplemental Social Security Income Image: Supplemental Security Income

- □ I was born before January 1, 1994.
- □ I have a legal dependent other than a spouse.
- □ I am married.

I certify that the above information is correct and that I will supply proof of residency, education, and income as required.