

BERGEN COMMUNITY COLLEGE
EDUCATIONAL OPPORTUNITY FUND (EOF) PROGRAM APPLICATION

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Please print or type: _____ Date of EOF Application: _____

Full Name: _____ Gender: ☐ Male ☐ Female ☐ _____

Date of Birth: _____ BCC Student ID#: _____ SS#: _____

Address: _____ City, State, & Zip: _____

Student's Cell Phone: _____ Home Phone: _____

Student's BCC E-Mail: _____

When would you like to start the EOF program?

- ☐ Summer 2022 (Pre-Freshman Program)
☐ Fall Semester (September 2022)
☐ Spring Semester (January 2023)

Have you completed a NJ GEAR UP state project or a NJ College Bound grant project?

- ☐ Yes ☐ No

U.S. Citizenship and Immigration Services (USCIS) Status:

- ☐ U.S. Citizen or Permanent Resident
☐ Deferred Action for Childhood Arrivals (DACA) status

Are you or will you be a high school graduate?

- ☐ Yes:
High school name: _____
Year of graduation: _____
☐ No, I have a GED or HSE.

Residency:

- ☐ NJ Resident for one (1) or more years

Have you received EOF funds at another institution?

- ☐ Yes (Submit an **EOF Transfer Form** with this application)
☐ No

Please check to make sure you meet the Income Eligibility Guidelines listed below:

ACADEMIC YEAR: Fall 2022 - Spring 2023			
Check One:	Household Size of:	Gross Income (Not to Exceed):	Maximum Asset Cap for ALL Students (Not to Exceed):
	1	\$25,760	\$5,152
	2	\$34,840	\$6,968
	3	\$43,920	\$8,784
	4	\$53,000	\$10,600
	5	\$62,080	\$12,416
	6	\$71,160	\$14,232
	7	\$80,240	\$16,048
	8	\$89,320	\$17,864
	9+	For each additional member add \$9,080.	For each additional member add \$1,816.

- I certify that the above information is correct and that I will supply proof of income and education as required.
- I understand that I may need to provide documentation to the New Jersey Higher Education Student Assistance Authority (HESAA) and BCC's financial aid office in order for my eligibility to be determined by the EOF program.
- I am submitting this application with the intention to have full-time enrollment in the first semester with the EOF program.

Student's Signature (Required). Please do not type your name.

Date

EOF applications can be e-mailed to: eofoffice@bergen.edu