



EDUCATIONAL OPPORTUNITY PROGRAM
2016-2017 Supplemental Application

| | |
|-----------------------|----------------------------|
| Student's Name: _____ | SS#: _____ - _____ - _____ |
|-----------------------|----------------------------|

Send your completed Educational Opportunity Program (EOP) application to the campus you plan to attend. Check the campus below:

Ammerman Campus EOP Office

Babylon Student Center, Room 23
533 College Road
Selden, NY 11784-2899
Phone (631) 451-4356
Fax (631) 451-4427

Contact:

Scheri Stewart, College Assistant Director of EOP
stewars@sunysuffolk.edu

Karlene Tyson, EOP Counselor
tysonk@sunysuffolk.edu

Georgette Rogers, EOP Advisor
rogersg@sunysuffolk.edu

Kristen Cosentino, EOP Counselor
cosentk@sunysuffolk.edu

Michael J. Grant Campus EOP Office

Nesconset Hall, Room 11
Crooked Hill Road
Brentwood, NY 11717-1092
Phone (631) 851-6510
Fax (631) 851-6836

Contact:

Kenneth Grotell, EOP Counselor
grotelk@sunysuffolk.edu

Annette Wyche, EOP Advisor
wychea@sunysuffolk.edu

Andrea Maldari, EOP Advisor
maldara@sunysuffolk.edu

Eastern Campus EOP Office

Student Success Center
Peconic Building, Room 205
121 Speonk-Riverhead Road
Riverhead, NY 11901-3499
Phone (631) 548-3646
Fax (631) 548-3613

Contact:

Kristen Cosentino, EOP Counselor
cosentk@sunysuffolk.edu

Danielle Bonasera, EOP Advisor
bonased@sunysuffolk.edu

Suffolk County Community College

Educational Opportunity Program (EOP)

2016-2017 Supplemental Application for Admission

This form is required to complete your freshman application to the Educational Opportunity Program. Please take time to complete all sections carefully and thoroughly. **Once you have completed the application, return it to the campus to which you are applying.**

I wish to matriculate in the fall _____ spring _____ semester. Date of application ____/____/____

I am applying as a Freshman Transfer

Part I - Personal Data

Name _____ Gender: Male Female
Last First Middle

Address _____ Apt# _____ City _____ State _____ ZIP Code _____

Mailing Address (if different from the above) or PO Box Number

Address _____ Apt# _____ City _____ State _____ ZIP Code _____

Home Phone () _____ Cell Phone () _____ Work Phone () _____

Email Address _____

Date of Birth ____/____/____

Ethnicity

African-American/Black Asian/Pacific Islander Caucasian/White
Native American (American Indian) Hispanic /Latino Other (specify) _____

Marital Status Single Married Divorced Separated Widowed

Are you a New York State resident? Yes No If yes, how long? _____ years _____ months
If no, you must submit a copy of both sides of your alien registration card.

Are you a United States citizen? Yes No If no, please provide your alien registration number _____

Were you born before January 1991? Yes No

Are you a veteran of the United States Armed Forces? Yes No

Are you supporting a dependent? Yes No

Would you like information on Special Services? (ex. IEP, Resource Room or untimed testing)? Yes No

Part II - Educational Data

Name of high school you graduated from or expect to graduate from _____

City _____ State _____ ZIP _____

Name of Guidance Counselor _____ Phone () _____

High School GPA _____ SAT Math _____ Verbal _____ ACT _____

Type of Diploma: Regents Regents with advanced designation Local IEP (Individualized Educational Program)

If not a graduate of a New York State high school, did you receive a high school equivalency diploma? Yes No

If yes, provide the date ____/____/____ Score _____
Month Year

Expected date of HS graduation ____/____/____ Your intended academic major _____

Did you attend any college or vocational school since high school graduation? Yes No (Please specify below)

| | |
|---------------------------|--|
| Name of the School | |
| Address | |
| Dates Attended | |
| Academic Major | |

Were you previously enrolled in an opportunity program? Yes No

If yes, indicate number of semesters of eligibility used: _____

Name of program (Please check appropriate box) HEOP EOP SEEK COLLEGE DISCOVERY

Part III - Income Data

Filing Status

I am filing as a dependent student

I am filing as an independent student based on the criteria listed on the FAFSA

At the time of application, I reside with my

Mother Father Both Parents Stepmother Stepfather Other _____

Are you a ward of the State or currently under the care of a foster care agency? Yes No

If yes, you must provide document from the agency of such status.

How many people were in your household in 2015? _____

Financial Aid continued.....

Please provide the following information for all persons who live in your household and who are supported by the same income that supports you. Do not forget to include yourself and your parents. If additional space is needed, please check this box and attach a separate page to this application.

| Name | Age | Relationship to Applicant |
|-------|-------|---------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please list all family members who are enrolled in college or who will be enrolled in college the 2016-2017 academic year. Be sure to list the institutions they will attend. If additional space is needed, please check this box and attach a separate page to this application.

| Family Member | Institution |
|---------------|-------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Family Income

How many parents are living in your household? 1 2 None

How many parents are employed? 1 2 None

Mother's/stepmother's wages and salary \$_____ Pension and/or retirement \$_____

Father's/stepfather's wages and salary \$_____ Alimony \$_____

Social Security benefits \$_____ SSI benefits \$_____

Public assistance social services \$_____ Child support \$_____

(Do not include food stamps) *(Do not include foster care or adoption)*

Interest earned on savings \$_____ Dividends from investments \$_____

Unemployment insurance benefits \$_____ Veterans administration benefits \$_____

None of the above applies to me; I am a ward of the state or foster child

Will you (the applicant) file a 2015 tax return? Yes No If yes, attach a copy of **your 2015** Transcript of Tax Return.*
If no, attach a copy of your proof of non-filing in 2015.**

Will your parent(s) file a 2015 tax return? Yes No If yes, attach a copy of **their 2015** Transcript of Tax Return.*
If no, attach a copy of their proof of non-filing in 2015.**

*To quickly request a tax transcript, visit www.irs.gov/Individuals/Get-Transcript or call 1-800-908-9946.

**To obtain proof from the IRS of your non-filing status in 2015, call 1-800-829-1040 and follow the prompts.

Family Assets

Cash, checking accounts \$ _____ Savings accounts \$ _____ Investments \$ _____

Do you own a business? Yes No If yes, current market value \$ _____

Does your family own a business? Yes No If yes, current market value \$ _____

Do you own real estate property? Yes No If yes, current market value \$ _____

Does your family own real estate property? Yes No If yes, current market value \$ _____

Total income/salary for your household \$ _____ Total non-taxable income \$ _____ Total assets \$ _____

Part IV - Personal Essay/Autobiographical Sketch

You must answer the following questions in an essay format. You may include additional information that you feel is important to your application. Please be sure to include your name on the document. The essay may be typed and should not be longer than five double-spaced pages.

- 1) What motivated your interest to pursue post-secondary education?
- 2) Explain the circumstances that affected your academic performance in high school.
- 3) Describe your academic intentions and your career goals.
- 4) Based on what you know about the Educational Opportunity Program, how do you think the program will benefit you?

Applicant's Name _____

Date _____

Applicant's Signature _____

Part V - Checklist

Is the information on the application complete and correct? Yes _____ No _____

Is your Social Security number correct? Yes _____ No _____

Is the letter of recommendation from your guidance counselor/agency included with the application? Yes _____ No _____

Did you remember to sign this form? Yes _____ No _____

FOR OFFICE USE ONLY

Student ID number: _____

Campus: *Ammerman* _____ *Eastern* _____ *Michael J. Grant* _____

Educational Opportunity Program Expectations

- Offered to matriculated **FULL-TIME STUDENTS ONLY**
- New students must attend a five-week Summer Enrichment Program before the fall semester enrollment.
- Students must attend all of their classes each semester.
- New students must meet with their EOP counselor weekly. Continuing students are required to meet monthly or as specified by their EOP counselor.
- Students must attend monthly retention meetings.
- Students must not withdraw from any courses without consulting with an EOP counselor, advisor, or administrator.
- Students must respond to correspondence received from the EOP office.
- Students must attend tutoring sessions unless otherwise specified by the EOP advisor.
- Students must sign a student contract which outlines their responsibilities while participating in EOP.
- Failure to comply with program expectations will result in being placed on probation or ultimately being dismissed from the program.

Educational Opportunity Program

2016 – 2017 Financial Guidelines

A student's economic eligibility is based on the following State Education Department guidelines for those first entering college in the fall of **2016**.

| Household Size (including head of household) | Total Annual Income in Previous Calendar Year |
|---|---|
| 1 | \$21,978 |
| 2 | \$29,637 |
| 3 | \$37,296 |
| 4 | \$44,955 |
| 5 | \$52,614 |
| 6 | \$60,273 |
| 7 | \$67,951 |
| 8 | \$75,647 |

For households/families larger than eight people, add \$7,696 for each additional person.

Exceptions to Income Guidelines:

1. The student's family is the recipient of Family Assistance or Safety Net payments through the New York State Office of Temporary and Disability Assistance or through a county Department of Social Services or of Family Day Care payments through the New York State Office of Children and Family Assistance or a county Department of Social Services.
2. The student lives with foster parents who do not provide support for college, and the student's natural parents provide no such support.
3. The student is a ward of the state or county.

**Educational Opportunity Program
RECOMMENDATION FORM**

Applicant's Name: _____

Applicant's Social Security Number: _____-_____-_____ Applicant's Date of Birth: _____

The applicant will be attending: Ammerman Campus Michael J. Grant Campus Eastern Campus

Applicant's Phone Number (____) _____

HIGH SCHOOL COUNSELOR/AGENCY PERSONNEL:

Please complete the information below. The completed form can be returned via the applicant in a sealed envelope or mailed to the following address:

Educational Opportunity Program
Babylon Student Center, Room 23
Suffolk County Community College
533 College Road
Selden, New York 11784

Your Name and Title: _____

Name of School/Agency: _____

Address of School/Agency: _____

City _____ State _____ ZIP Code _____ Telephone (____) _____

Please indicate your association with and length of time you have known the applicant. _____

Please provide an estimate of the applicant's ability to perform at the college level. _____

Please provide any evidence that indicates the applicant's desire and ability to complete a college degree. _____

Please indicate any supportive services, if any, that the applicant may need in order to be successful in college (e.g., tutoring, counseling, remedial course work etc.).

Please use the space below to provide additional information about the applicant and his/her circumstances that you feel the college should consider in evaluating this applicant's candidacy.

Date: _____

Signature: _____