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 ________________________  ________________________  ____________________
     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)

<table>
<thead>
<tr>
<th>Name of the School</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates Attended</td>
<td></td>
</tr>
<tr>
<td>Academic Major</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Household Size (including head of household)</th>
<th>Total Annual Income in Previous Calendar Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$21,978</td>
</tr>
<tr>
<td>2</td>
<td>$29,637</td>
</tr>
<tr>
<td>3</td>
<td>$37,296</td>
</tr>
<tr>
<td>4</td>
<td>$44,955</td>
</tr>
<tr>
<td>5</td>
<td>$52,614</td>
</tr>
<tr>
<td>6</td>
<td>$60,273</td>
</tr>
<tr>
<td>7</td>
<td>$67,951</td>
</tr>
<tr>
<td>8</td>
<td>$75,647</td>
</tr>
</tbody>
</table>

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: ___________________________

Revised 02/10/16