



**APPLICATION FOR FAIRLEIGH DICKINSON UNIVERSITY**

# New Jersey Educational Opportunity Fund (EOF) Application

**FOR NEW JERSEY RESIDENTS ONLY** To view the Estimated Income Eligibility Scale, visit [fdu.edu/eligibility](http://fdu.edu/eligibility).

**GENERAL INFORMATION** *(Please print on the lines.)*

LAST NAME FIRST NAME MIDDLE INITIAL

SOCIAL SECURITY NO. DATE OF BIRTH (MM/DD/YY)

ADDRESS APT

CITY STATE ZIP CODE

EMAIL

Were you born before January 1, 1995?  Yes  No

Do you have children of your own?  Yes  No

Are you a ward of the court?  Yes  No

Are you a graduate or professional student?  Yes  No

Are you a dependent of a veteran?  Yes  No

Marital Status  Single  Married  Other \_\_\_\_\_

Preferred Campus  Florham Campus (Madison)  Metropolitan Campus (Teaneck)

I intend to:  Commute  Reside on campus

Have you submitted an Undergraduate Application for Admission?  Yes  No *(if yes, give date, MM/DD/YY)* \_\_\_\_\_

Did you participate in a GEAR UP Program?  Yes  No *(if yes, when and where)* \_\_\_\_\_

Do you have one or more siblings that have been or are currently enrolled in an EOF Program?  Yes  No

*Please list college(s) and year of attendance*

How many AP/college-level courses have you taken? \_\_\_\_\_

**CITIZENSHIP AND RESIDENCY INFORMATION**

Are you a U.S. citizen?  Yes  No *(if no, what is your Alien Registration Number)* \_\_\_\_\_

If you have an Alien Registration Number (Green Card), please attach a photocopy of both sides of the card to this application.

Provide the date you began living in New Jersey \_\_\_\_\_

**INCOME INFORMATION**

What was your family's gross income, as reported on 2016 income tax returns?

Parent/Guardian income \_\_\_\_\_ Student income \_\_\_\_\_

What was your family's gross income, as reported on 2017 income tax returns?

Parent/Guardian income \_\_\_\_\_ Student income \_\_\_\_\_

What is the primary source of your family's income for 2018?

Employment  Social Security Benefits  Welfare  Veterans Benefits  Child Support  Other

If no income tax form was filed in 2016 or 2017, list income source(s) and amount(s) \_\_\_\_\_

**NOTE:** All applicants must file the Free Application for Federal Student Aid (FAFSA) to be considered for an EOF grant.

How many people are living in your parents'/guardians' household? \_\_\_\_\_ When did your parent/guardian begin living in NJ? \_\_\_\_\_

Have you ever received an EOF grant before?  Yes  No *If yes, where and when?* \_\_\_\_\_

**APPLICANT SIGNATURE**

Please attach a separate sheet with any comments or unusual financial circumstances that you feel might affect your eligibility for the EOF program. I/We hereby declare that the information reported is true, correct and complete to the best of my/our knowledge.

SIGNATURE OF APPLICANT DATE

SIGNATURE OF PARENT OR GUARDIAN (REQUIRED IF APPLICANT IS UNDER 18) DATE