



**Educational Opportunity Fund Program
Questionnaire
2021-2022**

**Saint Elizabeth University
Morristown, New Jersey 07960
973-290-4347 / Fax 973 290-4307**

EDUCATIONAL OPPORTUNITY FUND PROGRAM

The Educational Opportunity Fund (EOF) Program is designed to provide talented New Jersey students who are both academically and economically disadvantaged the opportunity to attend college in New Jersey. The New Jersey EOF Program assists low-income state residents who are able and motivated, but lack adequate preparation for college study, with the needed resources and services to succeed and graduate. If you are accepted into the EOF program, you will be provided with the support needed to maintain continued enrollment through graduation including additional funding to those enrolled in the program. In addition to the EOF State Grant, students receive support services such as counseling, tutoring, and educational seminars and workshops. Students enrolled into the EOF program must pay a **non-refundable enrollment fee of \$50.00**.

FIRST-YEAR STUDENTS ELIGIBILITY REQUIREMENTS

1. Families who have accumulated assets do not qualify for financial assistance through the New Jersey EOF Program. To be considered, you and your family must have a documented history of academic and financial disadvantage and meet the income guidelines listed below.

2021-2022 EOF Income Eligibility Scale with Asset Cap Calculation

Household Size	Gross Income (Not to Exceed)	Max. Asset Cap (Not to Exceed)
1	\$25,520	\$5,104
2	\$34,480	\$6,896
3	\$43,440	\$8,688
4	\$52,400	\$10,480
5	\$61,360	\$12,272
6	\$70,320	\$14,064
7	\$79,280	\$15,856
8	\$88,240	\$17,648
***	Add \$8,960 for each additional family member	Add \$1,792 for each additional family member

NOTE: If both your parents/guardians are working and half the lower income added to the higher income equals the level recommended for the size of your family, you may also be eligible. If you are a ward of the court or if your family is receiving Aid to Dependent Children (ADC) support, you may qualify under most circumstances.

2. Be a legal resident of the State of New Jersey for at least one year prior to entering Saint Elizabeth University.
3. Be a motivated student with above average grades in high school and rank within the top half of your class.
4. Be available to participate in the **required (5) five-week** summer program. The program runs from June 27 through July 31, 2021.

IF YOU BELIEVE YOU MEET THE GUIDELINES, YOU MUST DO THE FOLLOWING:

1. **Complete** the SEU admission application form (available online for download or in the Admission Office: 1-800-210-7900).
2. **Submit** a copy of your SAT/ACT scores and high school transcript(s).
3. **Submit** a copy of your IRS tax transcript. You may obtain a copy of your tax return transcript by using the IRS Data Retrieval Tool (<https://www.irs.gov/Individuals/Order-a-Transcript>), which is an easy and secure way to access and transfer tax return information directly onto the FAFSA form. If tax returns will not be filed, submit all copies of all W-2 Forms received by you and your parent(s)/guardian(s) to SEU and a statement indicating that you and your parent(s) guardian (s) will not file.
4. **Complete and submit** all sections of the Free Application for Federal Student Aid (FAFSA) at <https://www.fafsa.ed.gov> after October 1, 2020 and before April 1, 2021. Make sure that you list the SEU code **002600** on you FAFSA.
5. **Complete the NJ HESAA questionnaire** at <https://www.hesaa.org/> after October 1, 2020 and prior to May April 1, 2021.
6. Complete the EOF Program Questionnaire. All questions must be answered completely.
 - a. If you or your parent(s)/guardian(s) receive Public Assistance, Social Security or Disability benefits, have your case worker forward proof of your status and the total sum of benefits you received in 2019 to SEU.
7. Once you have received notification of your application status, a personal interview will be required. For additional information, contact EOF Office, at (973) 290-4347.
8. Additional information may be required to determine your eligibility for the EOF Program.
9. Submit your complete immunization records before the start of the EOF Summer Program.

√ If your parents are divorced or separated, answer the questions about the parent you lived with more during the past 12 months. (If you did not live with one parent more than the other, give answers about the parent who provided more financial support during the past 12 months or during the most recent year that you actually received support from a parent.) If this parent is remarried as of today, answer the questions about that parent and your stepparent.

√ If your widowed parent is remarried as of today, answer the questions about that parent and your stepparent.

2. Parents' current marital status:

- Never Married (*Single Parent*)
- Unmarried and Both Parents Living Together
- Married or Remarried
- Divorced or Separated (*Parents Do Not Live Together*). If so, please provide date of divorce or separation: _____(mm/yyyy)
- Widowed. If so, please provide date widowed: _____(mm/yyyy)

3. Do you have any children? Yes No

4. At any time since you turned 13, were both of your parents deceased, were you in foster care, or were you a dependent or ward of the court?
 Yes No.

If yes, the Financial Aid Office will require that you provide proof of your orphan, foster care, or dependent or ward of the court status

5. How many people are in your parents' household and receive more than half of their support from your parents' income?
 (Number = _____)

- If dependent, "household" includes yourself, your parents, and your parents' other children if they are not independent, and other people who live with your parents from July 1, 2021, through June 30, 2022 who will receive more than half of their support from your parents.
- If independent, "household" includes yourself (and spouse, if married) your children, and other people who will live with you for which you provide more than half of their support and will continue to provide more than half of their support through June 30, 2022.

Please provide full name, age, and relationship to you for each household member below:

First Name	Last Name	Age	Relationship to Applicant

5. If you have a brother or sister who is the current/prior recipient of an EOF grant at a NJ college, please provide the information below.

Last name First name

College/University Birthdate: mm/dd/yyyy

Family Income From All Sources (2019)

Please have your, your parents' and stepparents' federal IRS income tax returns, all schedules and worksheets, and nontaxable income statements (for social security benefits, welfare, child support, etc.) accessible to accurately complete the following questions. Indicate annual (2019) amount as listed on the income documents. If the financial information does not apply to you or your parents, enter zero (0) in the boxes below. Review the EOF Application Instructions and Eligibility Requirements on pages 1–2 carefully. **Do not leave any item blank, as this will constitute an incomplete EOF Application and prevent an EOF eligibility decision.**

7. Did you file a federal income tax return for 2019 (IRS 1040, 1040A, or 1040EZ)? Yes No

If yes, list the total number of exemptions reported on the 1040 (line 6D) _____

If yes, was your income tax return filing status "married filing jointly"? Yes No

If you did not file and were not required to file a federal tax return, please sign below to certify.

Signature of Applicant

8. Did your parents file a federal income tax return for 2019 (IRS 1040, 1040A, or 1040EZ)? Yes No

If yes, list the total number of exemptions reported on the 1040 (line 6D) _____

If yes, was your parents' income tax return filing status "married filing jointly"? Yes No

If your parents did not file and were not required to file a federal tax return, please have one of them sign below to certify.

Signature of Parent

9. What was your family's Adjusted Gross Income, as reported on 2019 federal income tax return IRS Form 1040 – line 37; 1040A – line 21; or 1040EZ – line 4? Use W-2 forms if you/your family earned wages but did not file a federal tax return

Married/Joint Filers	Parent 1 (if not joint filer) Father/Mother/Stepparent	Parent 2 (if not joint filer) Father/Mother/Stepparent	Student & Spouse
\$	\$	\$	\$

11. Did you or your parents complete a schedule C or C-EZ for business owners (required if any amount was reported as positive, negative, or calculated zero on **line 12** of the IRS form 1040)? Yes No

If yes, what was the gross income listed on **line 7** of Schedule C "**Profit or Loss From Business (Sole Proprietorship)**" or Net Profit listed on **line 3** of Schedule C-EZ "**Net Profit From Business (Sole Proprietorship)**"? _____

12. Did you or your parents complete a Schedule D for capital gains or losses (required if any amount was reported as positive, negative, or calculated zero on **line 13** of the IRS form 1040)? Yes No

If yes, what was the net long-term capital gain or (loss) as listed on **line 15** of Schedule D "**Capital Gains and Losses**"? _____

13. Did you or your parents complete a schedule E for rental real estate or any schedules 1120, 1120A, 1120S, or 1065 for corporation owners (required if any amount was reported as positive, negative, or calculated zero on **line 17** of the IRS form 1040)? Yes No

If yes, was the type of property in **Part I** listed on Schedule E "**Supplemental Income and Loss**" a multi-family residence?

Yes No

If yes, how many units are there? _____

Is your primary residence one of these units? _____

Was there any income reported on Schedule E, **Part II – Part IV**? Yes No

14. If you and your family did not qualify to file federal tax returns in 2019, what was the source of your family's income? Please provide the amount received below or enter "0."

Parent 1 Father/Mother/Stepparent	Parent 2 Father/Mother/Stepparent	Student & Spouse
Unemployment: \$	Unemployment: \$	Unemployment: \$
Social Security Benefits: \$	Social Security Benefits: \$	Social Security Benefits: \$
Welfare/TANF: \$	Welfare/TANF: \$	Welfare/TANF: \$
Veteran Benefits: \$	Veteran Benefits: \$	Veteran Benefits: \$
Child Support: \$	Child Support: \$	Child Support: \$
Pensions & Annuities: \$	Pensions & Annuities: \$	Pensions & Annuities: \$
IRA Distributions: \$	IRA Distributions: \$	IRA Distributions: \$
Other Source: Amount: \$	Other Source: Amount: \$	Other Source: Amount: \$

15. Do you receive free or reduced price meals at school, or afterschool programs, or camps (National School Lunch or Breakfast Programs)?
Yes No

16. Please provide the name, email address, and phone number of your high school counselor:

School Counselor Name: _____

Email Address: _____

Phone Number w/Area Code: _____

V. ASSET INFORMATION

- Do you or your parents (dependent students) own a home? Yes No
 If yes, what is the current value? _____ Debt? _____ Date of purchase? _____ Purchase price? _____
- Do you or your parents (dependent students) own other real estate? Yes No If yes what is the current value? _____
 Debt? _____ Date of purchase? _____ Purchase price _____
- Do you or your parents (dependent students) own a business/ other property? Yes No
 If yes what is the current value? _____ Debt? _____

VI. OTHER INFORMATION

1. Are you entitled to receive veteran's education benefits during the 2021-2022 year? Yes ___ No ___
If yes, list monthly amount _____
2. If you are a college transfer, provide us with name of college(s) _____ State _____ Dates attended _____
3. Do you have any siblings who are or were EOF student? Yes ___ No ___
If yes, what institution(s) do or did they attend? _____
4. Are your parents' college graduates? Yes ___ No ___
If yes, what college did they attend? _____
6. What is the name and phone number of your guidance counselor?
Name _____ Phone Number _____

VII. READ AND SIGN

Eligibility for an EOF award is based on a history of financial and academic disadvantage as well as the result of an on campus interview with the EOF Program and performance in the Summer Program.

Send completed application to:

Saint Elizabeth University
Admission Office
Santa Rita Hall
2 Convent Road
Morristown, NJ 07960

I DECLARE THAT THE INFORMATION REPORTED IS TRUE, CORRECT, AND COMPLETE. In keeping with the requirements of the EOF grant recipients, I affirm that my personal family background is one of disadvantage circumstances. I further understand that any willful omission OR misrepresentation of facts on this form will be considered impact the admissions decision. I understand that

**INTENTIONAL FALSE STATEMENTS OR MISREPRESENTATION SUBJECTS
 THE APPLICANT TO A FINE AND AUTOMATIC DISQUALIFICATION**

STUDENT SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____