



Educational Opportunity Program (EOP) Application

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eop@flcc.edu * www.flcc.edu/eop

Semester Applying For: _____ **Fall 2018** OR _____ **Spring 2019**

A. Student Information:

| Last Name | First Name | Student ID/SSN |
|-----------|------------|----------------|
| | | |

| Date of Birth | Email | Phone Number |
|---------------|-------|--------------|
| | | |

Check Yes or No to each of the following questions:

| | | |
|---|------------------------------|-----------------------------|
| Are you a veteran of the U.S. Armed Forces? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you a ward of the court? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you in foster care as established by the court? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you supporting dependents (children/relatives)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Were you previously an EOP student at FLCC? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever attended college before? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, where? | _____ | |

How many members live in your household, including yourself?

List each household member's name and relationship to you:

B. Eligibility Requirements:

You must be:

- A New York State resident for 12 months prior to admission
- A first-time, full-time college student
- A graduate of a NYS high school with an 85 – 70 cumulative GPA or a GED recipient
- A historically economically disadvantaged student (see income guidelines)
- A transfer student previously enrolled in EOP/HEOP at former college

C. Income Guidelines

The table below lists the financial eligibility guidelines for EOP admission which have been established by the State University of New York (SUNY) to determine whether or not a student is eligible for EOP. Please use this table as a guide to determine your eligibility for the program. For students first entering college during the 2018- 2019 academic year—total annual income in calendar year 2016 must not exceed:

| Household Size | Total Annual Income in 2016 Calendar Year |
|----------------|---|
| 1 | \$22,311 |
| 2 | \$30,044 |
| 3 | \$37,777 |
| 4 | \$45,510 |
| 5 | \$53,243 |
| 6 | \$60,976 |
| 7 | \$68,709 |
| 8 | \$76,442 |

For families/households with more than 8 persons, add \$7,733 for each additional person.

Exceptions to Income Guidelines

Above guidelines do not apply if...

- 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;
- The student lives with foster parents who do not provide support for college and the student's natural parents provide no such support;
- The student is a ward of the state or county

D. Income Documents to Submit with Application

Before mailing your application, include the appropriate financial documentation listed below:

- **STUDENT** Tax Information:
If you filed a 2016 Federal Income Tax Return:
 - Submit signed copy of your 2016 Federal Income Tax Return and all W2s **OR**
 - Submit a 2016 TAX RETURN TRANSCRIPT directly from the IRS. Go to <http://www.irs.gov/individuals/Get-Transcript>.

- **PARENT** Tax Information (needed if under age 24 and do not have dependents (children) of your own):
If you filed a 2016 Federal Income Tax Return:
 - Submit signed copy of your 2016 Federal Income Tax Return and all W2s **OR**
 - Submit a 2016 TAX RETURN TRANSCRIPT directly from the IRS. Go to <http://www.irs.gov/individuals/Get-Transcript>.
 - If you OR your parent(s) did NOT file and are NOT REQUIRED to file a 2016 federal tax return, you must provide an IRS Verification of Non-filing. Go to www.irs.gov, call 1-800-908-9946, or download and complete IRS Form 4506-T and check box 7 to request an IRS Verification of non-filing letter. Once received, submit a copy to the Financial Aid Office.

- **ADDITIONAL** Income:
Did any members of the household listed above received any income during 2016 from the following sources? If yes, please provide the appropriate documentation.
 - *Social Security/Supplemental Security Income* -- provide copy of Social Security, Supplemental Security Income Benefits
 - *Social Services, TANF, SNAP*-- provide copy of Public Assistance/Department of Social Services Income Benefits (Budget Sheets)
 - *Worker's Compensation/Disability Insurance* -- provide copy of Unemployment benefits/Disability benefits statement
 - *Child Support* -- Signed affidavit, court order or legal document indicating amount of child support and/or alimony
 - *Business, investment real estate, and/or investment farm* – provide copy of Schedules C, E, and/or F, from federal tax return

Please Note:

You must have a FAFSA on file with the Financial Aid Office to make your application complete.

Please understand that we may request additional information after receiving your FAFSA, tax information and other documents, if necessary to finalize your eligibility. All required income documentation must be received before your application is considered complete and a final EOP admission decision is made.

By signing below, I confirm that I am interested in continuing the EOP Admission Process. If I am admitted as an EOP student, I understand that I must adhere to the requirements of the program and that I am expected to cooperate with the EOP Office as an active participant in the program. I certify that all the information reported is complete and correct.

Your Signature: _____

Date _____



Mail your application and documents to:
 Educational Opportunity Program
 Finger Lakes Community College
 3325 Marvin Sands Drive
 Canandaigua, NY 14424