

2017 EOP SUPPLEMENTAL APPLICATION

The information you provide here will be used in the review of your eligibility for the Educational Opportunity Program. It is to your advantage to provide as much information as possible. You may type and save your answers on this form. Once it is complete, print and mail a copy of the completed form **with required documents** to: SUNY New Paltz, Office of Admissions, 100 Hawk Drive, New Paltz, NY 12561.

Section 1. Personal Information						
Name:	Applicant ID Number:					
Address:	High School CEEB Code:					
	Entry Term:					
Date of Birth:	Date:					
U.S. Citizen: Yes No If no, permanent resident: Yes No						
Section 2. Exceptions to Income Guidelines						
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Answer all of the questions below to help determine if you qualify for exclusion from	m the income eligibility guidelines.					
Are you or your family primarily dependent on public assistance payments from Ter Needy Families (i.e. Family Assistance, Safety Net)?	mporary Assistance to					
Are you in foster care as established by the court?	Yes No					
Are you a ward of the state or county?	Yes No					
If you answered "Yes" to either of the last two questions above, skip to Section 8.						
All others, continue to Section 3.						
Section 3. Dependency Status						
Answer all of the questions below to help determine your dependency status.						
Will you be 24 years of age by December 31, 2017?	Yes No					
Are you married? (Answer "yes" if you are separated, but not divorced.)	Yes No					
Are you currently serving on active duty in the U.S. Armed Forces?	Yes No					
Are you a veteran of the U.S. Armed Forces?	Yes No					
Do you have legal dependents (other than a spouse) who receive more than half of	their support from you?					
At any time since you turned age 13, were both your parents deceased, were you in a dependent or ward of the court?	foster care or were you Yes No					
Were you or are you an emancipated minor, as determined by a court?	Yes No					
Were you or are you in legal guardianship, as determined by a court?	Yes No					
At any time on or after July 1, 2016, were you determined to be an unaccompanied y	youth who is homeless?					
If you answered "No" to all of the questions above, your status is "Dependent" for the purposes of this form. Continue to Section 4. If you answered "Yes" to any of the questions above, your status is "Independent" for the purposes of this form. Skip to Section 5.						

Section 4. Parent Information - FOR DEPENDENT STUDENTS ONLY Dependent students must complete this section. Independent students should leave this section blank. What is the current marital status of your parents? Married Single/Never Married Divorced/Separated ☐ Widowed Unmarried and both parents living together Date of Marital Status (mm/yyyy): ___ Other: Section 5. Household Information Provide the following information for all household members. A household member is anyone who currently lives at your home with you, as well as anyone who is dependent on the same income as you, even if that person does not live at your home. If there are more than 10 members in your household, attach a separate sheet providing the same information for each additional person in your household. Name Age Relationship **Employment** Annual Filed a Dependent on the Pay before 2015 federal same income that Status Taxes tax return? supports you? **Applicant** Self ☐ Yes ☐ No Yes No Yes No Yes No ☐ Yes ☐ No Yes No ☐ Yes ☐ No ☐ Yes ☐ No Yes No ☐ Yes ☐ No Yes No ☐ Yes ☐ No Yes No Yes No ☐ Yes ☐ No Yes No Yes No ☐ Yes ☐ No ☐ Yes ☐ No Section 6. Additional Household Income Report all additional income received in your household for the 2015 tax year. Dividends, interest, rents or other income from investments: Social Services/Public Assistance (TANF, etc): Social Security benefits: Supplemental Security Income (SSI): Workers Compensation/Disability: Pension/Annuity: Unemployment: Alimony/Maintenance: Child Support: Other income (specify):

Report the current value of the following assets held by your household. Independent students are not required to report information regarding assets held by parents. Your cash, checking and savings accounts: Your investments (non-retirement): Spouse's cash, checking and savings accounts: Spouse's investments (non-retirement): First Parent or Stepparent's cash, checking and savings accounts: First Parent or Stepparent's investments (non-retirement): Second Parent or Stepparent's cash, checking and savings accounts: Second Parent or Stepparent's investments (non-retirement): Purchase Price Purchase Year Current Debt __ \$ _____ Business or farm owned by you, your spouse or your parents: \$ _____ Home owned by you, your spouse your parents: Other real estate owned by you, your spouse or your parents: Section 8. Academic Background Please indicate if you currently participate in any of following programs: Educational Opportunity Center (EOC) GEAR-UP ☐ Talent Search Upward Bound Early College, Middle College or Gateway to College STEP Liberty Partnership TRIO High school diploma (or equivalent) attained by First Parent: Some college, no degree Associate degree Bachelor's degree or higher Indicate the highest level of education Less than a high school diploma High school diploma (or equivalent) attained by Second Parent: Associate degree Bachelor's degree or higher Some college, no degree Section 9. Personal Essay Some of the campuses to which you have applied may require a Personal Essay. If you have applied to any campus marked with an asterisk (*) on page 4, please provide a response to the following questions (up to 500 words) to help us better understand your interest in EOP. Attach your response to this form. Be sure to include your name on the attachment. 1.) What motivated your interest to pursue post-secondary education? 2.) Explain the circumstances that affected your academic performance in high school. 3.) Based on what you know about the Educational Opportunity Program, how do you think the program will benefit you? Section 10. Certification I understand that I must be academically and economically eligible for EOP and that I must provide required documentation with this form to prove my eligibility. I understand that I am required to file the 2017-18 Free Application for Federal Student Aid (FAFSA) as soon as possible after October 1, 2016. I understand that additional paperwork may also be required. All information submitted is true to the best of my knowledge. I understand that any knowing falsification or omission of data may result in the denial of admission or dismissal. Applicant Signature: Date: Date: _____ First Parent or Stepparent's Signature:

Section 7. Household Assets

Second Parent or Stepparent's Signature: _____

Date: _____

Required Financial Documentation					
You must attach the following documents this form until the required documents are	•	2015	to verify the information reported. Pleas	se do not return	
If you reported:	If you reported:		You must attach:		
No Income		• IRS Form 4506-T (Request for Transcript of Tax Return, Verification of Non-Filing)			
Income from wages, tips, dividends, intere	st, rental, business	profits	• IRS forms 1040, 1040A, 1040EZ, signed 1040TEL or official transcript of tax returns.	-	
			• Forms W-2, 1099, W9		
Income from disability benefits, a pension, annuity, or unemployment benefits		 Letter from the appropriate institution stating applicable year's total award (if not already reported on a tax return) 			
			Disabilities Statement		
Child support, maintenance or alimony		 Signed affidavit, court order or legal document indicating amount of child support and/or alimony 			
Public Assistance		 A signed letter from the agency stating applicable year's total award and names of recipients 			
Social Security, Supplemental Security In Administration non-educational benefits	come or Veteran's		SSA Form 1099 or letter from the agency stating applicable year's total award for each member of the household including names of individuals		
You are a ward of the court, foster child o	ou are a ward of the court, foster child or orphan • Letter or court document from the government, courts private agency responsible for your support				
You are a U.S. Veteran		• Form DD214			
You are a non-U.S. citizen and a permanent resident		• Form I-551 (Alien Registration Card)			
You or your family owns a business		• IRS Form 1040 Schedule C			
Unusual circumstances		Notarized letters, statements, death certificates, etc. that corroborate claims			
Mailing Instructions					
Mail your completed SUNY EOP Supplemental Application together with required documents to: SUNY New Paltz, Office of Admissions, 100 Hawk Drive, New Paltz, NY 12561. Your completed form must include the following:					
This SUNY EOP Financial Information Form					
Your required financial documentation (see above)					
Your Personal Essay, if required (see Section 9)					
Campus Contacts					
Personal Essay described in Section 9.		rmation Forr	n. Campuses marked with an (*) require the		
Campus	Contact Number		Campus	Contact Number	
SUNY Adirondack	518.743.2264		Morrisville State College	315.684.6046	
Alfred State College	800.425.3733 x2		SUNY New Paltz	845.257.3220	
Buffalo State College	716.878.4017		Niagara County Community College	716.614.6222	
SUNY Cableskill	315.386.7123		Old Westbury	516.876.3068	
SUNY Costland	800.295.8988		* SUNY Oneonta	800.SUNY.123	
SUNY Cortland	607.753.4711		Orange County Community College	845.341.4407	
Finger Lakes Community College SUNY Fredonia	585.785.1390		SUNY Oswego SUNY Potsdam	315.312.2250	
SUNY Fredonia Fulton-Montgomery Community College	800.252.1212 518.736.3622		SUNY POISOAM	315.267.2180	