



SUNY Jefferson
Admissions Office
Educational Opportunity Program
1220 Coffeen Street
Watertown NY, 13601

2016 – 2017 Educational Opportunity Program (EOP) Supplemental Application

The EOP program combines access, academic support and supplemental financial assistance to make higher education possible for students who have the potential to succeed. To be considered for admission to the Educational Opportunity Program you must:

1. Be a New York State resident for 12 months prior to enrollment.
2. Apply for the EOP program on your admissions application
3. Graduate from high school or possess a GED
4. Complete and return this application to the Admissions Office.

Note: Space is very limited in this program.

I wish to matriculate in the: Fall (August) _____ Spring (January) _____ semester. Date of application: _____

I am applying as a: Freshman ____ Transfer ____

Part I – Personal Data

Name _____
(Last) (First) (Middle)

Address _____ Apt# or PO Box _____ City _____ State _____ Zip _____

Mailing Address (if different from above) or PO Box Number

Address _____ Apt# or PO Box _____ City _____ State _____ Zip _____

Home Phone () _____ - _____ Cell Phone () _____ - _____ Work Phone () _____ - _____

Email Address _____

Date of Birth ____/____/____ Gender Male: ____ Female: ____

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 ____

Are you a United States citizen? Yes ____ No ____

If no, you must submit a copy of both sides of your alien registration card.

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 Scores Math _____ Verbal _____ ACT _____

Type of High School Diploma Regents____ Regents with advanced designation____
 Local____ IEP (Individualized Educational Program)____

If not a graduate of a NYS 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 _____ / _____ / _____ Intended academic major _____

Did you attend any college or vocational school since high school graduation? Yes____ (Please specify below) No____

Name of the School	
Address	
Dates Attended	
Academic Major	

Were you previously enrolled in an opportunity program? Yes____ No____

If yes, indicate number of semesters of eligibility used: _____

Program attended: HEOP____ EOP____ SEEK____ College Discovery____

Part III- Family / Income Information

Dependent students: List the people in your parent’s household. Include: (a) yourself and your parent(s), (b) your parent’s other children, if (1) your parents provide more than half of their support, or (2) they would have to provide parental information when applying for aid: and (c) other people if they now live with your parent(s), and your parent(s) provide more than half of their support and will continue to do so.

Independent students: List the people in your household. Include: (a) yourself and your spouse, (b) your children, if you will provide more than half of their support; and (c) any other people if they now live with you, and you provide more than half of their support and will continue to do so.

Full Name	Age	Relationship	College Name
		Self	Jefferson Community College

All student's financial information needs to be documented. If you were required to provide parents' information on the FAFSA, we will need to document that as well.

Student Tax Information

Check the appropriate box below and provide requested information.

I DID file a 2015 federal tax return. **You will need to provide us with either a signed copy of the federal (1040, etc.) tax return and all W-2s, or IRS transcripts of both your return and W-2s.**

I will NOT and am NOT required to file a 2015 federal tax return. If you worked but did not file taxes, **any W-2 forms** you received must be provided. (If you are independent for financial aid purposes, and support yourself, you must file a federal form 4506-T requesting proof of non-filing, give us a copy and **provide us with confirmation from the IRS that you did not file a tax return for 2015.**)

Parent(s) / Step-parent Tax Information

Check the appropriate box below and provide requested information.

I /We DID file a 2015 federal tax return. **You will need to provide us with either a signed copy of the federal (1040, etc.) tax return and all W-2s, or IRS transcripts of both your return and W-2s.**

I /We will NOT and am NOT required to file a 2015 federal tax return. If you worked but did not file taxes, **any W-2 forms** you received must be provided. You must file a federal form 4506-T requesting proof of non-filing, give us a copy, and **provide us with confirmation from the IRS that you did not file a tax return for 2015.**)

Additional Income / Asset Information

Answer all questions either yes or no

Did any members of the household listed above receive any income during 2015 from the following sources?

<i>Y</i>	<i>N</i>	<i>Income Source</i>	<i>Total amount for 2015</i>
<input type="checkbox"/>	<input type="checkbox"/>	Child Support	_____
<input type="checkbox"/>	<input type="checkbox"/>	SNAP / Food Stamps	_____
<input type="checkbox"/>	<input type="checkbox"/>	Social Services / Cash Temporary Assistance / TANF	_____
<input type="checkbox"/>	<input type="checkbox"/>	Social Security (disability, survivor's, retirement)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Private pension or annuity	_____
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation / Disability Insurance	_____
<input type="checkbox"/>	<input type="checkbox"/>	Rental real estate, other real investments	_____
<input type="checkbox"/>	<input type="checkbox"/>	Business income reported on Schedule C or F	_____

By signing below, I confirm that I (the student) am interested in continuing the EOP Admission Process. If I am admitted to JCC as an EOP student, I understand that the goal of EOP is to support my success at JCC, and that I am expected to cooperate with the EOP Office as an active participant in the program. We certify that all the information reported is complete and correct.

Student Signature _____ Date _____

Parent Signature _____ Date _____

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. This essay may be typed and should not be longer than five double-spaced pages.

1. What motivated your interest in pursue to 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?

Print Applicant's Name _____ Date _____

Applicant's Signature _____ Date _____



EDUCATIONAL OPPORTUNITY PROGRAM LETTER OF RECOMMENDATION

Jefferson Community College
Admissions Office
1220 Coffeen Street Watertown, NY 13601
Website: www.sunyjefferson.edu Phone: 315-786-6567

Please return this form to the address above

To the applicant: Please print your name and address below and give this form to a person who will write a letter (2 letters required) in support of your application to the Jefferson's Educational Opportunity Program.

Name: _____ Social Security No.: _____

Street Address: _____

City/Village: _____ State: _____ Zip Code: _____

Reference: The person named above is applying to Jefferson Community Colleges' Educational Opportunity Program. As you complete this form, please offer a careful assessment of the candidate's academic and personal qualifications and speak to your perception of the applicants' potential to succeed in college.

Your Name (please print): _____

Position/Title: _____

Organization with which you are affiliated: _____

How long have you known the candidate and in what context? (If you are a teacher, please indicate the course(s) you have taught this student.) _____

What words come to mind when you think of this person? _____

In what area(s) may this person need improvement? _____

To your knowledge has this person taken advantage of opportunities to access extra academic help or job based educational resources? _____

Evaluation: Please use the back of this form or a separate sheet of paper to provide information about the candidate that you believe is important. We are particularly interested in the candidate's academic ability not in evidence, motivation, maturity, independence, initiative, capacity for growth, special talents, and level of enthusiasm for higher education. Specific information that will help us to differentiate this person from others is encouraged.

Signature: _____ Date: _____