



**EOP ELIGIBILITY GUIDELINES**  
**FALL 2009 and SPRING 2010**

**Office of Admissions**  
**229 Sheldon Hall**  
**Oswego, NY 13126**

**WHAT IS EOP?**

The **Educational Opportunity Program (EOP)** provides access into college to students from historically disadvantaged backgrounds (**academic and financial**). EOP at SUNY Oswego is structured to offer every student a range of exciting opportunities as well as all the assistance students may need in the pursuit of their academic goals. EOP is part of the **Office of Learning Services (OLS)** [www.oswego.edu/ols](http://www.oswego.edu/ols). OLS is responsible for offering out-of-classroom academic services to all Oswego students. Students admitted into Oswego as EOP freshmen come from rural, suburban and urban areas across the state of New York and represent diverse backgrounds and experiences.

Although EOP students receive additional financial support toward meeting a small portion of their college expenses, **EOP is not a financial aid or scholarship program**. To receive financial aid, EOP students are required to submit the **Free Application for Federal Student Aid (FAFSA)**.

**FALL 2009/SPRING 2010 APPLICANTS:** Priority consideration for financial aid assistance at Oswego goes to students who complete the FAFSA before March 1<sup>st</sup>.

**SPRING 2010 APPLICANTS:** Applicants should complete the FAFSA at the same time they complete the SUNY application.

Financial aid is in the form of grants and loans and is the primary source of college expense funding (based on federal financial eligibility guidelines). The **Oswego FAFSA code is 002848**. Financial aid questions should be directed to the **Financial Aid Office** at 315.312.2248 or by email to [finaid@oswego.edu](mailto:finaid@oswego.edu).

**WHO IS ELIGIBLE for EOP CONSIDERATION?**

**To be eligible for EOP Consideration as a freshman you must be:**

- A New York State Resident for at least 12 months prior to enrollment.
- A high school graduate or possess a GED prior to enrollment.
- Academically ineligible for regular admissions and financially disadvantaged according to New York State EOP financial eligibility guidelines.\*

*\*Note: financial eligibility does not guarantee admission.*

Additional information about EOP support services can be found at: [www.oswego.edu/eop](http://www.oswego.edu/eop).

**NEW YORK STATE EOP FINANCIAL ELIGIBILITY GUIDELINES**

EOP financial eligibility is determined by matching the number of people in your household against the income in the category that best applies to your household's source(s) of income →	<b>Category A</b>  One or more individuals with income from source(s) other than employment, i.e., Social Security, Public Assistance, etc.	<b>Category B</b>  One or more workers (combined total income)	<b>Category C</b>  One worker with two or more sources of employment	<b>Foster Child, Ward of State or Ward of County</b>
Number of people	<b>Total 2008 household income <u>cannot</u> exceed amount listed below</b>	<b>Total 2008 household income <u>cannot</u> exceed amount listed below</b>	<b>Total 2008 household income <u>cannot</u> exceed amount listed below</b>	<b>Income Guidelines Not Applicable</b>
1	\$15,590	\$21,000	\$23,710	
2	\$21,000	\$26,410	\$29,120	
3	\$26,420	\$31,830	\$34,540	
4	\$31,830	\$37,240	\$39,950	
5	\$37,240	\$42,650	\$45,360	
6	\$42,650	\$48,060	\$50,770	
7	\$48,060*	\$53,470*	\$56,180*	

\*Add \$5,410 for each additional household member in excess of seven

## Personal Data Form - Spring 2010 Applicants

ANSWER ALL QUESTIONS. PLEASE USE **BLACK INK**.

### PERSONAL IDENTIFICATION INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

1. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
  2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY)
  3. Address: \_\_\_\_\_ Apt Number: \_\_\_\_\_
  4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
  5. Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
- Email Address: \_\_\_\_\_

\_\_\_\_ Check here if the address and/or telephone number has changed since you completed the SUNY application.

### RESIDENCY INFORMATION

6. How long have you been a resident of New York State? Years: \_\_\_\_\_ Months: \_\_\_\_\_
7. Are you a citizen of the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_
8. If not a U.S. citizen, are you a Permanent Resident of the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If "Yes," provide your Permanent Resident Card Number: \_\_\_\_\_ **Attach photocopy of front and back of card**  
Expiration Date: \_\_\_\_\_
9. If not a Permanent Resident, do you possess an I-94? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If "Yes," attach photocopy of I-94.
10. Are you currently in the process of applying for/or renewing a Permanent Resident Alien Card? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If "Yes," what is the date you expect to receive it? \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Month Day Year

### PERSONAL STATUS INFORMATION

- 11.A Are you a veteran of the United States Armed Forces? Yes: \_\_\_\_\_ No: \_\_\_\_\_ → If "Yes," provide copy of DD214 (if discharged)
- 11.B Are you married? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- 11.C Are you supporting a dependent? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- 11.D Are you 24 years old or older? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**FOSTER CHILD, WARD OF STATE or COUNTY**

12. Are you a foster child, ward of the state or county? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes," you must provide official documentation regarding your status as either a foster child, ward of state or county. You are not required to complete "Household Information," "Household Assets," or "Household Income."

**HOUSEHOLD INFORMATION**

13. Including yourself, how many family members live in your household? \_\_\_\_\_

13.a. Check whichever applies to the parental members of your immediate household

First and Last Name of Parent(s)

Mother \_\_\_ / Step-Mother \_\_\_ / Adoptive Mother\* \_\_\_ / Legal Guardian\*\* \_\_\_ / Spouse \_\_\_\_\_

Father \_\_\_ / Step-Father \_\_\_ / Adoptive Father\* \_\_\_ / Legal Guardian\*\* \_\_\_ / Spouse \_\_\_\_\_

\* Please attach copies of adoption papers \*\*please attach copies of legal custody documents

13.b. Check whichever applies to other members of your immediate household

If "Other," describe relationship ↓

First and Last Name of Person(s)

Brother \_\_\_ / Sister \_\_\_ / Cousin \_\_\_ / Aunt \_\_\_ / Uncle \_\_\_ / Other \_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Brother \_\_\_ / Sister \_\_\_ / Cousin \_\_\_ / Aunt \_\_\_ / Uncle \_\_\_ / Other \_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Brother \_\_\_ / Sister \_\_\_ / Cousin \_\_\_ / Aunt \_\_\_ / Uncle \_\_\_ / Other \_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Brother \_\_\_ / Sister \_\_\_ / Cousin \_\_\_ / Aunt \_\_\_ / Uncle \_\_\_ / Other \_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Brother \_\_\_ / Sister \_\_\_ / Cousin \_\_\_ / Aunt \_\_\_ / Uncle \_\_\_ / Other \_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Brother \_\_\_ / Sister \_\_\_ / Cousin \_\_\_ / Aunt \_\_\_ / Uncle \_\_\_ / Other \_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Brother \_\_\_ / Sister \_\_\_ / Cousin \_\_\_ / Aunt \_\_\_ / Uncle \_\_\_ / Other \_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Brother \_\_\_ / Sister \_\_\_ / Cousin \_\_\_ / Aunt \_\_\_ / Uncle \_\_\_ / Other \_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Brother \_\_\_ / Sister \_\_\_ / Cousin \_\_\_ / Aunt \_\_\_ / Uncle \_\_\_ / Other \_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Brother \_\_\_ / Sister \_\_\_ / Cousin \_\_\_ / Aunt \_\_\_ / Uncle \_\_\_ / Other \_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

**HOUSEHOLD ASSETS**

14. Do you/your parents own the home you live in? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If "Yes," what is the value of the home? \$ \_\_\_\_\_.

15. Do you/your parents own a farm? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If "Yes," what is the value of the farm? \$ \_\_\_\_\_.

16. Do you/your parents own a non-farming business? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If "Yes," what type of business? \_\_\_\_\_.

17. Do you/your parents own rental property? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If "Yes," what is the type and value of the property? Provide answers below.

	Residential Property	Rental Property	Business
Number of Properties			
Property Value	\$	\$	\$

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

The information requested in this section is used to determine if your household income meets the New York State EOP eligibility guidelines. An EOP admissions decision can be revoked if it is later determine that non-qualifying income was not reported. Please make sure that the information you provide is as complete and accurate as possible.

Note: If you are a Ward of the State or County, or under Legal Guardianship, you do not need to provide "Household Income."

**HOUSEHOLD INCOME**

Please provide <b>total of all income received for the year 2008 from the sources listed below.</b>	Student (YOURSELF)	___ Mother ___ Step-mother ___ Adoptive Mother ___ Legal Guardian		___ Father ___ Step-Father ___ Adoptive Father ___ Legal Guardian		Student's Spouse (if student is married)
• <b>WAGES/SALARY</b> (income earned from employment only)	\$		\$		\$	\$
Is income from more than one source of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• <b>*Occupation/Job Description required</b> (or status as "Student" if still in high school) →	Occupation		Occupation*		Occupation*	Occupation*
• <b>INCOME FROM OTHER SOURCES</b>						
Total dollar amount in savings	\$		\$		\$	\$
Total dollar amount in checking	\$		\$		\$	\$
[ ] Interest Income or [ ] Earned Dividends	\$		\$		\$	\$
[ ] Alimony and/or [ ] Child Support	\$		\$		\$	\$
Business Income	\$		\$		\$	\$
Capital gains or (loss)	\$		\$		\$	\$
IRA Distributions	\$		\$		\$	\$
Pension Distributions	\$		\$		\$	\$
Rental real estate, royalty, trusts	\$		\$		\$	\$
Farm Income or (loss)	\$		\$		\$	\$
Unemployment Benefits	\$		\$		\$	\$
Social Security Benefits	\$		\$		\$	\$
Public Assistance (Welfare)	\$		\$		\$	\$
Other (income from sources not listed above)	\$		\$		\$	\$
<b>GRAND TOTAL</b>	\$		\$		\$	\$

**REQUIRED DOCUMENTATION TO SUBMIT WITH THIS FORM** or Foster Child, Ward of State or County, Legal Guardianship

Sources Other Than Employment - or		Employment Wages, Business Income, and Other Sources of Income	Documentation from official source(s) verifying your status:
Attached photocopies of documentation verifying your family's 2008 household income.  <b>Write applicant's full name on all documentation you submit to our office!</b>	Examples are: • Social Security Statement (Form 1099) • Social Services Budget Letter • Other sources of non-taxable income not listed (e.g., alimony and/or child support)	Examples are: • Photocopies of 2008 Federal Income Tax (1040) <b>with all schedules &amp; W2 Forms</b>  Include also, any income received from (e.g.): • Social Security Statement (Form 1099) • Social Services Budget Letter • Alimony and/or child support • Unemployment	Examples are: • Legal Guardianship • Foster Child • Ward of State • Ward of County

Parent(s) or Independent Adult Students: 2008 federal income taxes were not filed \_\_\_ / were filed (submit photocopies with form) \_\_\_

Parents and independent adult students: If a tax return for 2008 was not filed, an IRS FORM 4506-T is required as proof of non-filing. Call the IRS at 1-800-829-1040 to request a copy or download the form from the web: <http://www.irs.gov/pub/irs-pdf/f4506t.pdf>.

Dependent Students: 2008 federal income taxes were not filed \_\_\_ / were filed (submit copy with form) \_\_\_

Dependent and Independent Adult Students: The Free Application for Federal Student Aid (FAFSA) will be filed ASAP \_\_\_ / has been filed \_\_\_

