

Educational Opportunity Fund Program Confidential Information Questionnaire

- I am applying for the Educational Opportunity Fund Program. I have read the EOF description in the Application Instructions and have determined I may be eligible for the program.

Household information

Total family size _____ Number living at home _____ Number claimed on most recent tax form _____

***Note:** Be sure to include student applicant in the numbers recorded above.

Household member full name	Age	Relationship	Name of college (if attending during 2019/2020)
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Do you have any siblings who attend college? Yes No Do they receive EOF? Yes No

Student Status

Parent(s) background

Marital status: Married Divorced Separated Widowed Unknown

Father/male guardian: Living ____ age Deceased Mother/female guardian: Living ____ age Deceased

Are you an orphan, a ward of the court, were you a ward of the court until age 18, or have legal dependents other than a spouse? Yes No

If you answered NO please complete the DEPENDENT STUDENT section.

If you answered YES please go to the INDEPENDENT STUDENT section.

Dependent Student

Parental financial status

Do you own a business or farm? Yes No Current market value: \$ _____

Parents total assets: (cash, checking, savings) \$ _____

2017 Sources of Income

	Father/Male Guardian	Mother/Female Guardian	Student
Gross income (yearly)	\$ _____	\$ _____	\$ _____
Social Security (monthly)	\$ _____	\$ _____	\$ _____
AFDC, Welfare (monthly)	\$ _____	\$ _____	\$ _____
Child Support (monthly)	\$ _____	\$ _____	\$ _____
Veteran's Benefits (monthly)	\$ _____	\$ _____	\$ _____
Unemployment or Disability (monthly)	\$ _____	\$ _____	\$ _____
Other (monthly)	\$ _____	\$ _____	\$ _____

Independent Student

How long have you lived outside of your parents' home? ____ years ____ months

2017 Sources of Income

	Student	Spouse
<i>Gross income (yearly)</i>	\$ _____	\$ _____
<i>Social Security (monthly)</i>	\$ _____	\$ _____
<i>AFDC, Welfare (monthly)</i>	\$ _____	\$ _____
<i>Child Support (monthly)</i>	\$ _____	\$ _____
<i>Veteran's Benefits (monthly)</i>	\$ _____	\$ _____
<i>Unemployment or Disability (monthly)</i>	\$ _____	\$ _____
<i>Other (monthly)</i>	\$ _____	\$ _____

Certification

EOF eligibility is based on a history of financial and academic disadvantage. Please write about circumstances which might affect your eligibility for the EOF grant.

NOTE: The information on this application is only for preliminary review. Final acceptance into the 2019-2020 EOF Program will be dependent on the results of the FAFSA. Please attach a copy of your parents' (or, yours if independent) most recent federal income tax form and/or proof of non-taxable income listed on this document. EOF cannot make a determination of eligibility without proof of family income from the previous year.