

Educational Opportunity Program Application 2024-2025

This form is required to complete your freshman application to the Educational Opportunity Program.

Please take time to complete all sections carefully and thoroughly. Once you have completed the application, return it to the campus to which you are applying. Application deadline for the 2024-2025 academic year is **July 19, 2024**. All documents must be submitted by this date.

Part 1 – Personal Information

Name: _____
(Last) (First) (Middle)

Gender: _____ Date of Birth: ____/____/____

Pronouns: _____

SUNY SCCC Student ID: _____

Mailing Address: _____

Contact Phone: (_____) _____ Email Address: _____

Please mark one of the following ethnic identities:

Hispanic/Latino Not Hispanic/Latino

Please choose from one of the following racial identities. You may select more than one:

Asian Black or African American

American Indian or Alaskan Native White

Native Hawaiian or other Pacific Islander Other

Are you currently or have you ever been in foster care? Yes ___ No ___

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, please provide your alien registration number _____

Are you a veteran of the United States Armed Forces? Yes No

Are you supporting a dependent? Yes ___ No ___

Part 2 – Educational Information

Your intended academic major: _____

Name of high school you graduated from or expect to graduate from:

High School GPA: _____

Expected date of HS graduation: ____/____/____

Type of Diploma: Regents Regents with advanced designation Local IEP (Individualized Educational Program)

If not a graduate of a New York State high school, did you receive a high school equivalency diploma? Yes ___ No ___

If yes, provide the date: Month ____/Year ____ Score: _____

Part 3 – Educational Goal

Please identify your educational goal as an EOP student:

___ I plan to complete a certificate program

___ I plan to graduate with an Associate's Degree

___ I plan to transfer to a four-year college or university and pursue a Bachelor's Degree

___ I am undecided at this time.

Part 4 Summer Program Requirement

Being part of EOP requires commitment to the program and to yourself! As a way to help you better prepare for the rigors of higher education, you must attend a **Three (3) week summer program, July 29th – August 16th** (*in person*) which comprises of a rich college experience of full academics and interactive activities. The summer program is **mandatory** for all incoming students. Will you be able to attend the summer program during these dates?

___ Yes, I am excited to attend and get ready for my academic future!

___ No, I will not be able to attend the summer program.*

Part 5 – Income Documentation Requirements

Income review is required to determine your eligibility into the EOP program. Please submit the following documentation to the Financial Aid Office on campus, or via FASFA, as soon as possible

- A signed photocopy of your parents' 2022 Federal Tax Return (1040, 1040A, 1040EZ) or an IRS return transcript.
- A signed photocopy of your Federal Tax Return (1040, 1040A, 1040EZ) or an IRS tax return transcript.
- If a Federal Tax Return was not filed, we will accept your W2 form, 1099, form or schedule C or CEZ.
- The 2024-2025 Verification (Dependent or Independent) Worksheet must be completed (it is located on the SUNY SCCC website under Financial Aid/Verification).
- A letter from Social Security Administration showing amount of family benefits received during 2022 or copies of all 1099 forms.
- A letter from Social Services showing all family benefits received during 2022 or a copy of a current budget sheet.
- Documentation of child support received in 2022.
- Documentation of other non-taxable income received in 2022.

I hereby apply for services in the Education Opportunity Program (EOP) at SUNY Schenectady County Community College (SUNY SCCC). I certify that the information I have supplied on this form is true and accurate, to the best of my knowledge. I understand that EOP can share and receive information from my educational benefit with other SUNY SCCC offices, staff and faculty according to the Family Rights and Educational Privacy Act (FERPA) of 1974. I understand that I may withdraw from this program at any time.

Signature

Date

This completed form and all required documentation must be returned to:

SUNY Schenectady County Community College
Educational Opportunity Program (EOP) Office
78 Washington Avenue
Schenectady, NY 12305
Attention Michael Henderson, Begley B-104

Or by email at
hendermb@sunysccc.edu

***you are automatically disqualified from joining EOP. Please see staff for details.**