

# EDUCATIONAL OPPORTUNITY FUND

For assistance, please contact us at:

[eof@camdencc.edu](mailto:eof@camdencc.edu)

Phone: 856 968-1325 Fax: 856 968-1201

200 N. Broadway, Camden NJ 08102

SCAN THE QR  
CODE TO APPLY



## Application Checklist

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**APPLICATION**

**INCOME DOCUMENTS**

(2021 Income tax transcript, Social Security benefits, Disability benefits, Unemployment benefits, Public assistance benefits, Child support, Verification Worksheet)

**REVIEW EMAILS FROM NJ STATE HESAA OFFICE**

<https://www.njfams.hesaa.org/>

**VERIFICATION WORKSHEET**

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## DO YOU NEED TO REQUEST AN IRS TAX TRANSCRIPT?



**PHONE**

1-800-908-9946



**ONLINE**

<http://www.irs.gov/Individuals/Get-Transcript>

Click on *Get Transcript Online*



**IN PERSON**

Must schedule an appointment at **(844)545-5640**.

IRS Taxpayer Assistance Center

51 Haddonfield Road

Cherry Hill, NJ 08002

WE ARE WHAT'S  
NEXT

CAMDEN  
COUNTY  
COLLEGE



**SELECT APPLICANT TYPE BELOW:**

- First Time Applicant       Summer Program Applicant
- Transfer Applicant       Returning Applicant

STUDENT IDENTIFIERS	
Date of Birth: _____	Student ID: _____
SSN: _____	HESAA ID: _____

**PERSONAL DATA**

**Name:** \_\_\_\_\_

**Address** (City, State, Zip Code): \_\_\_\_\_

**Phone/Cell Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE SPACE**

- 1. US citizen?**  Yes  No
- 2. NJ Resident?**  Yes  No    **If yes, have you resided in state for 12 consecutive months or more?**  Yes  No    **County:** \_\_\_\_\_
- 3. Ethnicity:**  
 Black or African American     American-Indian or Alaska Native     Hispanic, of any race     White     Native Hawaiian or other Pacific Islander  
 Asian     Two or more Races     Race and Ethnicity Unknown
- 4. Gender (Optional):**  Male     Female

**EDUCATIONAL DATA**

- 1. High School Name and City:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_  
 or GED/HISET/TASC  Yes  No
- 2. a. Have you ever been enrolled in the EOF Program at Camden County College?**  Yes  No    **b. Have you ever enrolled in EOF at another college**  Yes  No
- 3. Have you attended College before?**  Yes  No  
**a. If yes, list college(s):** \_\_\_\_\_
- Camden County College Major:** \_\_\_\_\_

**FAMILY DATA**

- 1. Do you have a sibling, parent, or child who has been in the EOF Program?**  Yes  No
- 2. Highest level of education completed by your parent(s)?**    **Mother:** \_\_\_\_\_ **Father:** \_\_\_\_\_

**FINANCIAL DATA**

- 1. Have you filed a Free Application for Federal Student Aid (FAFSA)?**  Yes  No    **Date:** \_\_\_\_\_
- How did you hear about us?** \_\_\_\_\_

I have answered each question to the best of my knowledge and ability and certify that the answers are true. I have also included all necessary documentation as required. If I am accepted to the program, I agree to abide by the rules and regulations established by the program. Furthermore, I authorize that all information on this form can be transmitted to the EOF Office in Trenton, New Jersey.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_