

P.O. Box 200 College Drive, Blackwood, NJ 08012
Phone: 856 968-1325 Fax: 856 968-1398

EDUCATIONAL OPPORTUNITY FUND (EOF) PROGRAM
APPLICATION

EOF - Providing Access to Power

(Knowledge Is Power)

Term

Name: Social Security Number:

Address:

City, State, Zip Code:

Phone Number: Cell Phone: Email Address:

Camden County College Major:

Registered for 12 + credits: Registered for less than 12 credits:

Please check the appropriate space:

- 1. I have ___ have not ___ attended another college or university:
Name of Institution Dates Attended:
Received EOF: YES NO
2. I have lived in the State of New Jersey ___ years.
3. I have a brother / sister, parent / child in an EOF program YES NO Name:
4. Ethnicity: Gender:
Asian American/ Asian/ Pacific Islander Male Date of Birth: / /
Black/ African American African Female Month Day Year
Hispanic/ Latino/ Chicano/ Spanish
Native American/ American Indian/ Alaska Native
White/ Caucasian/ European
5. High School Diploma: GED:
Name, Location & Date of Graduation Location of Test & Date
6. Signature Today's Date

NO APPLICATION WILL BE ACCEPTED WITHOUT ALL HOUSEHOLD INCOME DOCUMENTATION ATTACHED!!

PLEASE DO NOT CHECK SPACES BELOW. FOR OFFICE USE ONLY.

HESAA Status: Complete Incomplete Comments:

FAFSA Application Status: Household Size: Annual Family Income: \$

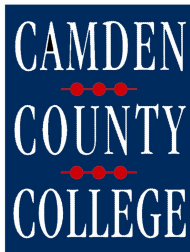
Family Income Documentation: Received Type: 1040 Social Security Child Support VA Benefits
Welfare Verification Other (explain)

Historical Poverty Code:

Basic Skills Placement:

Counselor Recommendation:

First Time Full Time Freshmen: DECISION:



Camden County College
EOF Student Contact Form

Please provide the following contact information: Please Print

Last Name _____

First Name _____

Street Address _____

City _____

State _____

Zip Code _____

Home Phone Number _____

Cell Phone Number _____

E-Mail Address(es) _____

Please provide the EOF Program with a minimum of three additional phone numbers in which we can leave a message in case we are unable to contact you at the number(s) listed above.

Please Print

1. *Name* _____ *Phone Number* _____

2. *Name* _____ *Phone Number* _____

3. *Name* _____ *Phone Number* _____

4. *Name* _____ *Phone Number* _____

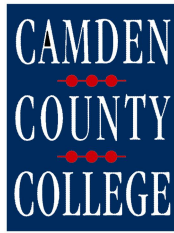
5. *Name* _____ *Phone Number* _____

Dear Prospective EOF Candidate

Please answer the following questions in 100 – 150 words. Your answers must be typed and attached to your EOF application packet. Your application will not be accepted if you fail to either answer the questions listed below and/or, if you fail to type your responses to the questions listed below.

NO HAND WRITTEN RESPONSES WILL BE ACCEPTED!!!!

1. What support services in the EOF program do you feel will be most beneficial to you and why?
2. Each semester the EOF Program has a limited number of slots available for new students. Please explain why you should be granted one of the available slots.



CAMDEN COUNTY COLLEGE
EOF PROGRAM - New Student Questionnaire

Name: _____ Date: _____

Why did you choose to attend college?

Revised: 6/08

Choose no more than two.

- Friends were attending
Availability of major
Took college courses before
Recommendation of friends/relatives
Recommendation of employer
Acquire job skill
Financial Aid available
Other

Have you decided on a major?

- Yes, what is your major?
No

Although you made the decision to come to CCC, others can assist or influence you. Which of the following influenced you most in your choice of CCC? Choose no more than two.

- Campus visit
Parents or spouse
Friends
Radio or TV announcement
Newspaper advertisement or article
College brochure or catalog
Employer or supervisor
Employment service or employment counselor
High school counselor, teacher or other staff member
CCC recruiter/counselor, faculty or other staff member
Other

Which of the following do you feel could hinder you from performing to the best of your capabilities? Check all that apply.

- Fear of failure/grades
Parents or spouse
Friends
Children
Child care
Transportation
Medical
Job responsibilities
Financial Obligations
Other

What is your primary objective in attending CCC? Choose all that apply.

- Earn an Associates Degree
Transfer credits to another college
Prepare for my first career

Do you have brothers or sisters that have attended college?

- Yes, currently attending
Yes, they have graduated
Yes, attended but did not graduate
No, I am the first to attend college

What is the highest degree you plan to complete?

- Certificate or Diploma
Associates degree
Bachelors degree
Master's degree
Doctoral or professional degree

How much formal education did your parents have? Indicate only the highest level for each.

Table with 3 columns: Education Level, Mother, Father. Rows include No formal school, Some grade school, Finished grade school, Some high school, High School Graduate, Business or trade school, Some college, Associates Degree, Bachelors Degree, Graduate/professional.

Thank you for taking the time to complete this questionnaire. Please submit this sheet with your Application.