

EDUCATIONAL OPPORTUNITY FUND

For assistance, please contact us at:

eof@camdencc.edu

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

200 N. Broadway, Camden NJ 08102

Application Checklist

APPLICATION

INCOME DOCUMENTS

(2020 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

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

STUDENT IDENTIFIERS

Date of Birth: _____ Student ID: _____

SSN: _____ HESAA ID: _____

SELECT APPLICANT TYPE BELOW:

- First Time Applicant Summer Program Applicant
 Transfer Applicant Returning Applicant

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: _____