

Apply Now

You can make it happen.

EOF Application Checklist

- Application**
- Verification Worksheet**
- Answer NJ State Questions**
(<https://njfams.hesaa.org>)
- Income Documents**
(2016 Income tax transcript, Social Security benefits, Disability benefits, Unemployment benefits, Public assistance benefits, Child support, Verification Worksheet)

Do you need to request an IRS Tax Transcripts?

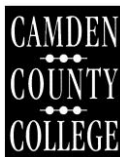
By Phone: 1-800-908-9946

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**

Initial Applicant _____
Transfer Applicant _____
Readmission Applicant _____



Date of Birth _____
Social Security # _____
Student ID # _____

P.O. Box 200 College Drive, Blackwood, NJ 08012
Phone: 856 968-1325 Fax: 856 968-1201

EDUCATIONAL OPPORTUNITY FUND (EOF) PROGRAM APPLICATION

EOF – Developing Today’s Achievers into Tomorrow’s Leaders

Personal Data

Name: _____

Last First M.I

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Cell Phone: _____

Email Address: _____

Name of High School Attended: _____

Camden County College Major: _____

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? _____
What 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: Male Female

Educational Data

1. High School Diploma: _____ (Attach transcript(s) from all high schools
Name & Date of Graduation if graduated in the last 5 years)
2. GED: _____ (Attach Copy of GED)
Location of Test & Date
3. Have you ever been enrolled in the EOF Program at Camden County College? Yes No
4. Have you attended College before? Yes No
Name of College(s) _____

Family Data

1. Do you have a brother, sister, 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 If yes, date _____

How did you hear about our program? _____

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 _____

