

APPLICATION FOR FAIRLEIGH DICKINSON UNIVERSITY

New Jersey Educational Opportunity Fund (EOF) Application

FOR NEW JERSEY RESIDENTS ONLY To view the Estimated Income Eligibility Scale, visit fdu.edu/eligibility.

GENERAL INFORMATION *(Please print on the lines.)*

Last Name	First Name	Middle Initial
Last Four Digits of Social Security No.	Email	
Address	Apt	
City	State	Zip Code

Were you born before January 1, 1996? Yes No
 Do you have children of your own? Yes No
 Are you a ward of the court? Yes No
 Are you a graduate or professional student? Yes No
 Are you a veteran or the dependent of a veteran? Yes No
 Marital Status: Single Married Other _____
 Preferred Campus: Florham Campus (Madison) Metropolitan Campus (Teaneck)
 I intend to: Commute Reside on campus
 Have you submitted an Undergraduate Application for Admission? Yes No *(if yes, give date, MM/DD/YY)* _____
 Did you participate in a GEAR UP Program? Yes No *(if yes, when and where)* _____
 Do you have one or more siblings that have been or are currently enrolled in an EOF Program? Yes No
 Please list college(s) and year(s) of attendance _____

 How many AP/college-level courses have you taken? _____

CITIZENSHIP AND RESIDENCY INFORMATION

Are you a U.S. citizen? Yes No *(if no, what is your Alien Registration Number)* _____
 If you have an Alien Registration Number (Green Card), please attach a photocopy of both sides of the card to this application.
 Provide the date you began living in New Jersey _____

INCOME INFORMATION

What was your family's gross income, as reported on 2017 income tax returns?
 Parent/Guardian income _____ Student income _____
 What was your family's gross income, as reported on 2018 income tax returns?
 Parent/Guardian income _____ Student income _____
 What is the primary source of your family's income for 2019?
 Employment Social Security Benefits Welfare Veterans Benefits Child Support Other
 If no income tax form was filed in 2017 and/or 2018, list income source(s) and amount(s) _____

Note: All Applicants must file the Free Application for Federal Student Aid (FAFSA) or the New Jersey Alternative Financial Aid Application (for NJ Dreamers) to be considered for an EOF grant.

How many people are living in your parents'/guardians' household? _____ When did your parent/guardian begin living in NJ? _____
 Have you ever received an EOF grant before? Yes No If yes, where and when? _____

APPLICANT SIGNATURE

Please attach a separate sheet with any comments or unusual financial circumstances that you feel might affect your eligibility for the EOF program. I/We hereby declare that the information reported is true, correct and complete to the best of my/our knowledge.

Signature of Applicant	Date
Signature of Parent or Guardian (required if applicant is under 18)	Date

MAIL COMPLETED FORM TO:

Fairleigh Dickinson University, Office of Admissions, 1000 River Road, H-DH3-10, Teaneck, NJ 07666