



EDUCATIONAL OPPORTUNITY FUND APPLICATION

400 Paramus Road, Room C-100, Paramus, New Jersey 07652

E-Mail: eoffice@bergen.edu Phone: (201) 447-7139

Program Description

The Educational Opportunity Fund (EOF) Program, established by the New Jersey State Legislature in 1968, aims to help economically and educationally disadvantaged students achieve a college education. The program offers grants and support services to enrich the college experience and promote success. Eligibility criteria are based on economic and educational factors, with priority given to first-time, full-time freshmen and transfer students from other EOF Programs.

- ✓ Provides transitional support, academic advisement, and ongoing support throughout their academic career at Bergen Community College.
- ✓ Provides information related to the financial aid process at Bergen Community College (BCC). Students who are accepted into the program are provided with an EOF grant.
- ✓ Assigns an EOF counselor to aid students to aid in the registration process, which allows them to have a one-stop experience at the EOF office.
- ✓ Customizes workshops for EOF students designed to address a variety of educational and social issues pertaining to career-planning, academic skills, transferring, and life skills, amongst others.
- ✓ Offers the opportunity to register for permanent individualized tutoring sessions, assuring a secured appointment time with a preferred tutor.
- ✓ Provides access to the EOF Summer Grant for eligible students to help with the cost of attending summer classes.
- ✓ Extends support to incoming first-time college students entering EOF in the fall semester to attend a free EOF Pre-Freshman Summer Program, if eligible. The program provides academic preparation for the fall semester, helps students adjust to college, and offers preferential admission to the EOF program in the fall semester.
- ✓ Assists in the EOF transfer process by establishing connections with the receiving college and issuing EOF transfer forms, and application fee waivers. EOF also hosts transfer events to provide students the opportunity to meet EOF directors and staff from prospective institutions.



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Full Name: _____ **Preferred Name** _____

Pronouns: (She _, her_) - (he_, him_) - (they_, them_) Are **you Registered Full-Time? (12 credits)** _____

Date of Birth _____ **BCC Student ID#** (if applicable) _____ **E-Mail:** _____

Address: _____ **City, State, & Zip:** _____

Cell Phone: _____ **Other Phone#:** _____

Parents Contact Information: (Applicants under the age of 18 will need parents/Guardian's consent)

Name: _____ **Email** _____ **Phone** _____

Which Semester are you applying for? Summer___ (Pre-Freshman Academy) | Fall___ | Spring___

Are you or will you be a high school graduate? Yes No | **Do you have a degree from here or other college?** Yes No

High school name: _____ **Year of graduation:** _____ I have a GED or HSE _____

Have you received EOF funds from this or another institution? Yes No Yes (Submit an EOF Transfer Form with this application)

Residency: NJ Resident for one (1) or more year U.S. Citizen or Permanent Resident Deferred Action for Childhood Arrivals (DACA) status

I Certify that the above information is correct and that I will supply proof of education as required. I am submitting this application with the intention to have full-time enrollment in the first semester of EOF

Signature: _____

Date _____