



BERGEN COMMUNITY COLLEGE



EDUCATIONAL OPPORTUNITY FUND (EOF)

Incoming Scholar Interview Form

Full Name: _____ **Preferred Name** _____ **Pronouns:** _____

BCC ID# _____ **Phone:** _____ **Email:** _____

Academic Background

1. Are you a first-generation college student? (Yes/ No) |
 If yes, how do you feel about this journey into college life? _____

2. Have any of your siblings or close family members participated in the EOF program? (Yes / No)
 If yes, who and how has their experience influenced you? _____

3. Are there any specific skills or resources you would like to develop or access to help you succeed? (e.g., study skills, time management, peer connections)

4. Have you completed a NJ GEAR UP state project or NJ College Bound grant program (Yes/No)

College Transition

- What excites you most about starting college? _____
- Do you foresee any challenges adjusting to college life (e.g., academics, social life, personal life)?

- *If yes, can you share specific areas where you think you might need support?*
- Are there any specific skills or resources you would like to develop or access to help you succeed? (e.g., study skills, time management, peer connections)

For Office Use Only: HPC _____ Eth: _____ Roster Submission Date _____ Assigned To: _____