

EOF APPLICATION

Applicant's Name Last First

Address Street Town State Zip # County

Home Phone # Cell Phone #

Social Security # Date of Birth Age

Male Female E-mail

Ethnicity: African American Caucasian Asian/Pacific Islander Hispanic Other

Academic

Applicant has H.S. Diploma GED Certificate

Name of High School

What academic program are you applying for?

Financial

Has applicant resided in New Jersey for at least one year prior to this application? Yes No

Marital Status: Single Married Separated Divorced

Check any if applicable: have children married a veteran orphan or ward of the state over 24 yrs. Old

If you checked any of the above boxes, please check independent, otherwise check dependent

Applicant is: dependent or independent

Applicant's and/or parent's source of income:

Salary Welfare Social Security Other

Size of applicant's or parent's household including yourself, parents and siblings living in the household:

Have you ever received financial aid/EOF before: Yes No

How were you made aware of the EOF program?

Signature Date