

Please indicate (x) if you are or were a: New EOP Student \_\_\_ EOP Transfer Student \_\_ HEOP Transfer Student \_\_ SEEK Transfer Student \_\_ College Discovery Transfer Student \_\_



## **Educational Opportunity Program**

**Application/Data Sheet** 

Mailing Address:
Phone: (H) (C)       (C)         Email:       Age:         Sex: Age:       D.O.B.:         RACE /ETHNIC DATA (Choose one):       D.O.B.:         Caucasian/White (Not Hispanic): African American/Black (Non-Hispanic): Asian:       Asian:
Email:
Sex:      Age:      D.O.B.:         RACE /ETHNIC DATA (Choose one):      African American/Black (Non-Hispanic):      Asian:         Caucasian/White (Not Hispanic):      African American/Black (Non-Hispanic):      Asian:         Hispanic or Latino:      Pacific Islander:      Multi Racial:          Native Hawaiian/Other Pacific Islander:      Multi Racial:          Native Hawaiian/Other Pacific Islander:      Multi Racial:
Sex:      Age:      D.O.B.:         RACE /ETHNIC DATA (Choose one):      African American/Black (Non-Hispanic):      Asian:         Caucasian/White (Not Hispanic):      African American/Black (Non-Hispanic):      Asian:         Hispanic or Latino:      Pacific Islander:      Multi Racial:          Native Hawaiian/Other Pacific Islander:      Multi Racial:          Native Hawaiian/Other Pacific Islander:      Multi Racial:
Caucasian/White (Not Hispanic): African American/Black (Non-Hispanic): Asian:   Hispanic or Latino: Pacific Islander: American Indian or Alaskan:   Native Hawaiian/Other Pacific Islander: Multi Racial: Image: Content of Content o
Hispanic or Latino:       Pacific Islander:       American Indian or Alaskan:         Native Hawaiian/Other Pacific Islander:       Multi Racial:         Official EOP Use Only       FINANCIAL DATA         Application Date:       Household Income:         First-time Student:       Public Assistance Income:         Re-Admit Student:       Social Security Income:         Transfer Student:       Are you a WARD of State:       Yes         Federal Taxes:       Are you in Foster Care:       Yes         State Taxes:       ACADEMIC DATA
Native Hawaiian/Other Pacific Islander: Multi Racial:   Official EOP Use Only   Application Date:   First-time Student:   First-time Student:   Re-Admit Student:   Transfer Student:   Transfer Student:   Federal Taxes:   P.A. Budget Sheet:   Atter you a WARD of State:   Yes No   ACADEMIC DATA
Official EOP Use OnlyFINANCIAL DATAApplication Date:Household Income:H.H. SizeFirst-time Student:Public Assistance Income:Re-Admit Student:Social Security Income:Transfer Student:Are you a WARD of State:Yes NoFederal Taxes:Are you in Foster Care:Yes NoState Taxes:ACADEMIC DATA
Official EOP Use OnlyHousehold Income: H.H. SizeApplication Date:Public Assistance Income:First-time Student:Public Assistance Income:Re-Admit Student:Social Security Income:Transfer Student:Are you a WARD of State: Yes NoFederal Taxes:Are you in Foster Care: Yes NoState Taxes:ACADEMIC DATA
Application Date:
First-time Student:       Public Assistance Income:         Re-Admit Student:       Social Security Income:         Transfer Student:       Are you a WARD of State:       Yes         Federal Taxes:       Are you in Foster Care:       Yes         State Taxes:       ACADEMIC DATA
Re-Admit Student:       Social Security Income:         Transfer Student:       Are you a WARD of State:       Yes No         Federal Taxes:       Are you in Foster Care:       Yes No         State Taxes:       ACADEMIC DATA       ACADEMIC DATA
Transfer Student:
Federal Taxes:       Are you a WARD of State:       Yes No         State Taxes:       Are you in Foster Care:       Yes No         P.A. Budget Sheet:       ACADEMIC DATA       Yes No
Federal Taxes:
State Taxes:
P.A. Budget Sheet: ACADEMIC DATA
Social Security Income:
Interested in attending WCC: Full Time: Part Time:
College Transcript:
High School Diploma:          High School Name:
High School Transprint:
GED/TASC:          Graduation Date:          High School Hanschpt.          GED/TASC:
Placement     GED (Date):
Math:Eng:Read:

Please write a personal statement as to why you would like to join the Educational Opportunity Program:

Please email the completed application to Alfredo Quinones, Administrative Assistant, at <u>alfred.quinones@sunywcc.edu</u> Mail to: Dr. Roundtree Evans, Dir., EOP 75 Grasslands Rd, GTW 132, Valhalla, NY 10595





# **Educational Opportunity Program**

### What is the Educational Opportunity Program?

The mission of the EOP is to provide access, retain and graduate first generation college students who have the potential to succeed despite minimal preparation and limited resources. Offered primarily to full-time students who are New York State residents, the EOP accepts students who qualify, academically and financially, for the program.

### **Eligibility Criteria**

- U.S. citizens or Permanent Residents (bearing a "green card")
- New York State residents for 12 months prior to enrollment
- High school graduates or have a General Equivalency Diploma
- Eligible for admission under traditional standards, and demonstrate potential for completing a college program
- Entering their first semester of college
- Full-time students (minimum of 12 credits)
- Enrolled or placed in at least one remedial course.
- Within the legislated income guidelines
- Enrolled in an Opportunity Program at your previous college (Transfer Students)
- Not accepted into another Opportunity Program at Westchester Community College (TRIO)

In selecting students for the program, priority is given to candidates from historically disadvantaged backgrounds. In order to be determined economically disadvantaged, a student's household income must not exceed the amount shown for its size or the student's circumstances must conform to one of the exceptions indicated.

#### Educational Opportunity Program Economic Eligibility Guidelines Academic Year 2022-2023

Household Size (including head of household)	Total Annual Income in 2020 Calendar Year
1	\$23,828
2	\$32,227
3	\$40,626
4	\$49,025
5	\$57,424
6	\$65,823
7	\$74,222
8	\$82,621*

\*For families/households with more than 8 persons, add \$8,399 for each additional person.

#### **INCOME GUIDELINES DO NOT APPLY IF:**

- The student's family is the recipient of Family Assistance or Safety Net payments through the New York State Office of Temporary and Disability Assistance; or through a county Department of Social Services; or Family Day Care payments through the New York State Office of Children and Family Assistance;
- The student is in foster care as established by the court
- The student is a ward of the state or county.

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