



RUTGERS

UNIVERSITY | NEWARK

Educational Opportunity Fund

Academic Foundations Center
Educational Opportunity Fund Program
Bradley Hall, 1st Floor
110 Warren Street
Newark, New Jersey 07102

EOF QUESTIONNAIRE

(For students who have no EOF history or never received EOF funding)

Completion and submission of the EOF Questionnaire is required in order to verify that a student with no prior history of EOF funding is financially eligible to receive an EOF grant award.

About EOF

The New Jersey Educational Opportunity Fund (EOF) was created by law in 1968 to ensure meaningful access to higher education for those who come from backgrounds of economic and educational disadvantage. The Fund assists low-income New Jersey residents who are capable and motivated but lack adequate preparation for college study.

The EOF program provides financial assistance and support services (e.g., counseling, tutoring, and developmental coursework) to students from educationally and economically disadvantaged backgrounds who attend institutions of higher education in the state of New Jersey.

To participate in the Rutgers University-Newark EOF Program, students must apply for undergraduate admission to Rutgers, The State University of New Jersey, file a FAFSA or NJ Alternative Application, and meet all requirements including New Jersey Residency and citizenship status.

Please carefully read and initial & date each statement below:

To determine eligibility for EOF, you must have completed and submitted the FAFSA. You will also be required to submit additional state, federal, and institutional documents. Upon thorough review, these documents could determine that you are NOT eligible for the aid you are currently receiving AND that you are NOT eligible for an EOF grant award.	Initial: _____	Date: _____
Should you become ineligible to receive financial aid, you could be required to pay back funds previously awarded to you and lose the ability to continue your education at Rutgers University, due to a lack of state, federal, and/or institutional financial assistance.	Initial: _____	Date: _____
All required documents must be submitted to the RU-N Financial Aid Office no later than October 15 th to be considered for a fall semester EOF grant award, and no later than February 15 th to be considered for a spring semester EOF grant award.	Initial: _____	Date: _____
Final acceptance into the New Jersey EOF Program and receipt of an EOF grant award will be contingent upon the results of the verification process.	Initial: _____	Date: _____

Undergraduate Eligibility:

1. Must demonstrate an educationally and economically disadvantaged background
2. Must be a New Jersey resident 12 consecutive months prior to receiving the award
3. Must apply and be accepted to a participating New Jersey college or university
4. Must meet the academic criteria as set by the institution of choice
5. Must file a Free Application for Federal Student Aid (FAFSA) or the New Jersey Alternative Financial Aid Application.
6. Gross income and assets must fall within the criteria shown:

2019-2020 EOF Income Eligibility Scale with Asset Cap Calculation		
Applicants with a Household Size of	Gross Income Not to Exceed	Asset Cap Calculation (Not to exceed*) * = Based on Household Size of All Students
1	\$24,280	\$4,856
2	\$32,920	\$6,584
3	\$41,560	\$8,312
4	\$50,200	\$10,040
5	\$58,840	\$11,768
6	\$67,480	\$13,496
7	\$76,120	\$15,224
8	\$84,760	\$16,952
***	Add \$8,640 for each additional family member	Add \$1,728 for each additional family member

2020-2021 EOF Income Eligibility Scale with Asset Cap Calculation		
Applicants with a Household Size of	Gross Income Not to Exceed	Asset Cap Calculation (Not to exceed*) * = Based on Household Size of All Students
1	\$24,980	\$4,996
2	\$33,820	\$6,764
3	\$42,660	\$8,532
4	\$51,500	\$10,300
5	\$60,340	\$12,068
6	\$69,180	\$13,836
7	\$78,020	\$15,604
8	\$86,860	\$17,372
***	Add \$8,840 for each additional family member	Add \$1,768 for each additional family member

EOF Contact Information

Website: <https://myrun.newark.rutgers.edu/afc/eof>
 Email: eof_newark@afc.rutgers.edu
 Telephone: 973-353-3574
 Fax: 973-353-5700



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Name _____ RUID# _____

E-mail address _____ NJFAMS# _____

Address _____
Street Apt./Fl. City State Zip

Home Telephone _____ Cell Phone _____

Ethnicity _____ Gender _____ Date of Birth _____

College Enrolled in at Rutgers-Newark (CHOOSE ONE):

21 SASN (NCAS) 62 SASN (UC) 40 SPAA 29 RBS 47 SCJ

Semester & Year of Entry into Rutgers-Newark: Fall _____ Spring _____ Summer _____

Cumulative Credits _____ Cumulative GPA _____

FINANCIAL AID INFORMATION

Did you file a Free Application for Federal Student Aid? Yes No

Will you be: Commuting from your parents' home? Yes No

Living off-campus (not with parents)? Yes No

Residing in the dormitory? Yes No

Do you have a sibling that is currently receiving EOF at Rutgers or any other college?

Yes No If yes, what college? _____

DEPENDENCY QUESTIONS: Answer Yes (Y) or No (N) to the following questions.

_____ Will you be 24 or older by Dec. 31 of the school year for which you are applying for financial aid?

_____ Will you be working toward a master's or doctorate degree?

_____ Are you married or separated but not divorced?

_____ Do you have children who receive more than half of their support from you?

_____ Do you have dependents (other than children or a spouse) who live with you and receive more than half of their support from you?

_____ At any time since you turned age 13, were both of your parents deceased, were you in foster care, or were you a ward or dependent of the court?



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_____Are you an emancipated minor or are you in a legal guardianship as determined by a court?

_____Are you an unaccompanied youth who is homeless or self-supporting and at risk of being homeless?

_____Are you currently serving on active duty in the U.S. armed forces for purposes other than training?

_____Are you a veteran of the U.S. armed forces?

If you answered “Yes” to any of the questions above, you are considered an Independent student and you will not be required to provide parental information for this application. Otherwise, you are a Dependent student and must provide parental information. You will be asked to verify the information related to the question(s) you answered above.

You may be required to submit additional financial aid documents in addition to this application.

I have read and completed the information in this application and I am aware of the EOF verification process and the financial aid implications of providing this information for review.

Print Name: _____ RUID: _____

Student Signature: _____ Date: _____

ADMINISTRATIVE USE ONLY:

Reviewed by: _____ Date: _____

Comments: _____

