



Fulton-Montgomery  
Community College

**Office of Financial Aid**  
2805 State Highway 67, Johnstown, NY 12095  
(518) 736-5301---- FAX (518) 762-2882  
Website – [www.fmcc.suny.edu](http://www.fmcc.suny.edu)  
e-mail address – [finaid.mail@fmcc.suny.edu](mailto:finaid.mail@fmcc.suny.edu)

## Educational Opportunity Program

The EOP program combines access, academic support and supplemental financial assistance to make higher education possible for students who have the potential to succeed.

To be considered for admission to the Educational Opportunity Program you must:

1. Be a New York State resident for 12 months prior to enrollment.
2. Applied for the EOP program on your admissions application.
3. Graduate from high school or possess a GED.
4. This application must be completed and returned.

**Note: Space is very limited in this program.**

### PERSONAL DATA

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PERMANENT STREET ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

SEX: (Circle One)    Female                      Male

Your responses to the questions in A & B are voluntary. FMCC will keep your responses confidential and will not use the information provided in a discriminatory manner. The failure to respond to these questions will not subject you to any adverse treatment.

- A) Ethnic Origin: (Please check all that apply)
- \_\_\_\_\_ Native American      \_\_\_\_\_ Hispanic      \_\_\_\_\_ Multi Racial      \_\_\_\_\_ Asian
- \_\_\_\_\_ White      \_\_\_\_\_ African American      \_\_\_\_\_ Native Hawaiian / Other Pacific Islander

- B) Citizen Status:      \_\_\_\_\_ US Citizen      \_\_\_\_\_ Resident Alien \* enclose copy of card

Other (Please specify): \_\_\_\_\_

**OVER >**

**EDUCATION DATA**

Have you attended any other Colleges or Universities? \_\_\_\_\_ YES or \_\_\_\_\_ NO

If yes, please list colleges/universities and dates of attendance:

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**OTHER INFORMATION**

1. Please provide information about clubs, hobbies, jobs, volunteer experiences and other experiences which have made an impact on your education.

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2. What are your expectations of the EOP program?

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**STUDENT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

Eligibility: Academic: _____	<b>Office Use Only:</b> Economic: _____
Signed Copies of Income Tax Returns: Parents: _____	Student: _____
Completed Application: _____	Appointment with EOP Director: _____
Processed By _____	Date _____