



EOP Application

2805 State Highway 67 * Johnstown, NY 12095 * (518) 736-3622 x8103

Semester Applying For: Fall ____ Spring ____ 20____

Name _____ DOB _____

Address _____ City _____ State ____ Zip _____

Social Security Number _____ Cell # _____

Check Yes or No to each of the following questions

Are you a New York State Resident? [] Yes [] No

Have you filled your FASFA? [] Yes [] No

Did you spend anytime in the Foster Care system after your 13th birthday? [] Yes [] No

Were you previously an EOP student at FM? [] Yes [] No

Have you ever attended college before? [] Yes [] No

Do you have dependent children? [] Yes [] No

If yes, how many dependents? _____

Have you completed a High School Diploma or GED? [] Yes [] No

What is your HS average? _____

Your response to the next questions are voluntary and will be kept confidential. The information will not be used in any discriminatory fashion. Failure to respond will not subject you to any adverse treatment.

Ethnic Origin (Please check all that apply)

____ Native American ____ Hispanic/Latino ____ Multi-Racial ____ Asian
____ African American ____ Native Hawaiian/other Pacific Islander ____ Caucasian

Citizen Status ____ US Citizen ____ Resident Alien (enclose copy of card)

I certify that the information provided is complete and accurate. I hereby authorize the EOP program to verify necessary financial and academic information to determine my eligibility for services and my academic progress. I further agree to meet with EOP counselors regularly and to participate in required activities

Signature _____ Date _____

Please note: You must have a FASFA on file with the Financial Aid Office to make your application complete.

Please return your application to the EOP Director Jean Karutis, jean.karutis@fmcc.suny.edu