

# Buffalo State College

## Educational Opportunity Program (EOP)

### Supplemental Application for Admission



Thank you for your interest in Buffalo State College. This form is required for your application to the Educational Opportunity Program. Please print or type and take time to complete all sections carefully and thoroughly. **Once you have completed the application, return it to Buffalo State College, Admissions Office – MOOT HALL 110, 1300 Elmwood Avenue, Buffalo, NY 14222.**

EOP Financial Eligibility Guidelines (Based on 2009 Household Income)

Household Size (Including Head of Household)	Category A/ Non-Employment Sources (e.g.: Social Security)	Category B/ One or more workers	Category C/ One Worker, two or more employers
1	\$16,060	\$21,630	\$24,420
2	\$21,630	\$27,200	\$29,990
3	\$27,210	\$32,780	\$35,570
4	\$32,790	\$38,360	\$41,150
5	\$38,360	\$43,930	\$46,720
6	\$43,960	\$49,530	\$52,320
7	\$49,500*	\$55,070*	\$57,860*

\*Plus \$5,570 for each additional family member in excess of seven.

### Part I-Personal Information

Start date: Fall 20\_\_ Spring 20\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Male  Female   
Last First Middle

Social Security Number: \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you Hispanic/Latino?  Yes  No

If Hispanic/Latino, is your background (select one):

- Central American  Dominican  Mexican  Puerto Rican  South American  Other Hispanic/Latino

All applicants, please indicate your race (select one or more):

- American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

\*Have you been a resident of New York state for at least one year?  Yes  No

If no, provide month and year you became a legal resident \_\_\_\_/\_\_\_\_  
Mo Yr

Are you a U.S. citizen?  Yes  No

Are you a Permanent Resident?  Yes  No If yes, send copy of Permanent Resident Card.

\* You must be a NYS resident and a US citizen, OR an eligible non-citizen to be considered for EOP

## Part II-Educational Information

Current or last high school attended \_\_\_\_\_

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

Date / expected date of high school graduation \_\_\_\_/\_\_\_\_/\_\_\_\_

If not a graduate of a New York State high school, did you receive a high school equivalency diploma or GED?  Yes  No

Have you attended any college since graduating from high school or completing your GED?

If so, where? \_\_\_\_\_

**\*Please note that you must list all colleges that you have attended. This includes schools that you have withdrawn from. You must submit an official transcript for each school you have attended. Applicants that have attended college after graduating from high school are considered transfer students, and must provide evidence of previous EOP eligibility.**

Have you participated in any of the following pre-college readiness programs?

Liberty Partnership

STEP

Upward Bound

Talent Search

Gear-Up

Other \_\_\_\_\_

If yes, where? \_\_\_\_\_ Date: \_\_\_\_\_

Name of Counselor: \_\_\_\_\_

Telephone number of counselor: \_\_\_\_\_

Did you attend an Educational Opportunity Center?  Yes  No

If yes, please provide date and location \_\_\_\_\_

## Part III-Financial Information

With whom do you reside?

One Parent  Both Parents  Guardian  Alone  With spouse and/or children

Are you currently a ward of the state or county?  Yes  No

(If yes, please provide documentation from the agency of such status.)

Were you ever in foster care?  Yes  No If yes, for what period?

Are you or your parent(s)/guardian(s) recipients of public assistance?  Yes  No

If yes, please have case worker complete the Benefit Verification Form.

Please provide the following information for all persons who lived in the same household with you in 2009.

Name	Age	Relationship to applicant
<i>You</i>		<i>Self</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If there are additional members in your family, attach a list of those members with the above information*

Please list other family members who are enrolled or will be enrolled in college for the next academic year.

Family Member	School
_____	_____
_____	_____

**Family Income 2009**

*Skip this section if you are a ward of the state or under the care of a foster care agency. If you are filing as an independent student, only complete financial information for student/spouse. If you are married, report both your income and your spouse's. You will be required to provide documents to verify all entries. If you are claiming no income Form 4506-T (<http://www.irs.gov/pub/irs-pdf/f4506t.pdf>), IRS verification of non-filing, must be submitted to the Buffalo State College Admissions Office.*

Provide annual amounts for each income category below:

Parent(s)		Student/Spouse
\$ _____	Wages or Salary	\$ _____
<i>For wage or salary income please submit a signed photo copy of the parent/guardian 2009 Income Tax Return-IRS Form 1040, 1040A, 1040EZ to the Buffalo State College Admissions Office.</i>		
\$ _____	Business/Rental Income	\$ _____
\$ _____	Interest	\$ _____
\$ _____	Dividends	\$ _____
\$ _____	Unemployment Benefits	\$ _____
\$ _____	Veterans Benefits	\$ _____
\$ _____	Pension	\$ _____
\$ _____	Social Security Benefits	\$ _____
\$ _____	SSI Benefits	\$ _____
\$ _____	Alimony/Maintenance	\$ _____
\$ _____	Child Support	\$ _____
\$ _____	Other	\$ _____

**Assets**

Cash, Checking Accounts        \$ \_\_\_\_\_ Savings Accounts \$ \_\_\_\_\_

Investments (e.g., stocks, mutual funds, bonds, IRA's., CD's, etc.)        \$ \_\_\_\_\_

Do you or your family own a business, farm or rental property?         Yes     No

If yes, current market value \$ \_\_\_\_\_

Do you or your family own your primary residence?         Yes     No

If yes, current market value of real estate \$ \_\_\_\_\_

Date of Purchase \_\_\_\_\_

I hereby certify that the information given by me on this application is complete and accurate. I understand that any misrepresentation may be cause for denial of admission or permission to register at any time.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Part IV-Personal Essay/Autobiographical Sketch**

To help us evaluate your candidacy, please develop an essay; no longer than two type-written pages, double-spaced. This is an opportunity to communicate your interest in higher education, your aspirations and other things about yourself that you believe make you a good candidate. You may wish to address one of the following topics:

- 1.) Discuss your potential to do college- level work and succeed at Buffalo State College.
- 2.) Describe your academic interests and career goals.
- 3.) Describe any circumstances that may have positively or negatively affected your academic performance in high school.
- 4.) How do you think participating in the Educational Opportunity Program will benefit you?

**Buffalo State College  
Educational Opportunity Program**

**School Counselor/College Advisor Recommendation**

**To the Candidate:** Please print your name and address below and give this form to your counselor who will write in support of your application to the Educational Opportunity Program.

**If you are not currently enrolled in high school, give this form to an employer, clergy member or community advocate.**

**Student Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

***To the referring person:*** *The above applicant is applying to the Educational Opportunity Program at Buffalo State College. Please offer a candid evaluation of the applicant's potential and a careful assessment of his/her academic and personal qualifications. Your recommendation will remain confidential.*

**Name of reference:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_

**School/Organization:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Once you have completed the reference, return it to Buffalo State College, Admissions Office – MH 110, 1300 Elmwood Avenue, Buffalo, NY 14222.**

**Buffalo State College  
Educational Opportunity Program**

**Teacher Recommendation**

**To the Candidate:** Please print your name and address below and give this form to your teacher who will write in support of your application to the Educational Opportunity Program.

**If you are not currently enrolled in high school, give this form to an employer, clergy member or community advocate.**

**Student Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City :** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

***To the referring person:** The above applicant is applying to the Educational Opportunity Program at Buffalo State College. Please offer a candid evaluation of the applicant's potential and a careful assessment of his/her academic and personal qualifications. Your recommendation will remain confidential.*

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