



## EDUCATIONAL OPPORTUNITY PROGRAM 2024 Supplemental Application

Student's Name: \_\_\_\_\_ SSN#: (Last four digits) - \_\_\_\_\_

Please send your completed Educational Opportunity Program application and all related documents to the Ammerman Campus address or fax number below. You can also email it in PDF format to [eop-ammr@sunysuffolk.edu](mailto:eop-ammr@sunysuffolk.edu).

**CAMPUS LOCATIONS: Check box to indicate which campus you plan on attending.**

**Ammerman Campus EOP Office**

Huntington Library, Room 20  
533 College Road  
Selden, NY 11784  
Phone (631) 451-4356  
Fax (631) 451-4427

Contacts:

David Johnson, Director of EOP  
Email: [johnsoda@sunysuffolk.edu](mailto:johnsoda@sunysuffolk.edu)

**Michael J. Grant Campus EOP Office**

Suffolk Federal Credit Union Arena, Room 129  
Crooked Hill Road  
Brentwood, NY 11717-1092  
Phone (631) 851-6510  
Fax (631) 851-6241

Tammy Coffey, EOP Counselor  
Email: [coffeyt@sunysuffolk.edu](mailto:coffeyt@sunysuffolk.edu)

Rose Dimino, Principal Assistant to the Director of EOP  
Email: [dininor@sunysuffolk.edu](mailto:diminor@sunysuffolk.edu)

**Eastern Campus EOP Office**

Student Success Center  
Peconic Building, Room 205  
121 Speonk-Riverhead Road  
Riverhead, NY 11901-3499  
Phone (631) 548-3646  
Fax (631) 548-3613

The Personal Privacy Protection Law requires this notice to be provided when collecting personal information from individuals. The information on this Admissions Application will be used by SCCC to evaluate your request for admission and will be incorporated into your student records if and when you enroll. Failure to provide the requested information could prevent your application from being processed. The authority to request this information is found in Section 355(2)(h) of the Education Law. This application information will be maintained in the College Records Office. The official responsible for the maintenance of this information is the College Registrar, Suffolk County Community College, 533 College Road, Selden, NY 11784. **Non-Discrimination Notice:** Suffolk County Community College does not discriminate on the basis of race, color, religion, creed, sex, age, marital status, gender identity or expression, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, national origin, military or veteran status, domestic violence victim status, or disability in its admissions, programs and activities. The following person has been designated to handle inquiries regarding the College's nondiscrimination policies: Civil Rights Compliance Officer Christina Vargas Chief Diversity Officer/Title IX Coordinator, Ammerman Campus, NFL BLDG., Suite 230, 533 College Road, Selden, New York 11784. [vargasc@sunysuffolk.edu](mailto:vargasc@sunysuffolk.edu) (631) 451-4950. Inquiries may also be directed to the United States Department of Education's Office for Civil Rights, 32 Old Slip 26th Floor, New York, New York 10005-2500 (646) 428-3800; Email: [OCR.NewYork@ed.gov](mailto:OCR.NewYork@ed.gov). Please see [www.sunysuffolk.edu/nondiscrimination](http://www.sunysuffolk.edu/nondiscrimination) for more information.

# Suffolk County Community College

## Educational Opportunity Program (EOP)

### Supplemental Application for Admission for Fall 2024

This form is required to complete your freshman application to the Educational Opportunity Program. Please take time to complete all sections carefully and thoroughly. **Once you have completed the application, return it to the Ammerman Campus office.**

I wish to matriculate in the: fall \_\_\_\_\_ semester. Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

I am applying as a: Freshman  Transfer

### Part I - Personal Data

Name: \_\_\_\_\_ Gender: Male  Female   
(Last) (First) (Middle)

Mailing Address: \_\_\_\_\_  
(Number and Street or P.O. Box #) (Apt#) (City) (State) (ZIP code)

Legal Address (if different from above): \_\_\_\_\_  
(Number and Street) (Apt#) (City) (State) (ZIP code)

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

Please complete this section for local, state and federal reports. Your response is optional and does not affect your admission. You will be given another opportunity to provide this information after admission if you wish to do so.

**Ethnicity:**

African-American/Black  Asian/Pacific Islander  Caucasian/White   
 Native American (American Indian)  Hispanic /Latino  Other (specify)  \_\_\_\_\_

**Gender:** Male  Female

**Marital Status:** Single  Married  Divorced  Separated  Widowed

Are you a New York State resident? Yes  No  If yes, how long? \_\_\_\_\_ years \_\_\_\_\_ months  
 If no, you must submit a copy of both sides of your alien registration card.

Are you a United States citizen? Yes  No  If no, please provide your alien registration number \_\_\_\_\_

Were you born before January 1994? Yes  No

Are you a veteran of the United States Armed Forces? Yes  No

Are you supporting a dependent? Yes  No

Would you like information on special services? (ex. IEP, resource room or untimed testing)? Yes  No

## Part II - Educational Data

Name of high school from which you graduated or expect to graduate: \_\_\_\_\_

\_\_\_\_\_  
 City State ZIP code

Name of Guidance Counselor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

High School GPA: \_\_\_\_\_ SAT: Math \_\_\_\_\_ Verbal \_\_\_\_\_ ACT: \_\_\_\_\_

Type of Diploma: Regents  Regents with advanced designation  Local  IEP (Individualized Educational Program)

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

If yes, provide the date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Score: \_\_\_\_\_  
 Month Year

Expected date of HS graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Your intended academic major: \_\_\_\_\_

Have you attended college or vocational school since high school graduation? Yes  No  (Please specify below)

Name of the School	
Address	
Dates Attended	
Academic Major	

Were you previously enrolled in an opportunity program? Yes  No  If yes, how many semesters were you enrolled? \_\_\_\_\_

Name of program (Please check appropriate box): HEOP  EOP  SEEK  College Discovery

## Part III - Income Data

Filing Status:

I am filing as a dependent student

I am filing as an independent student based on the criteria listed on the FAFSA

At the time of application, I reside with my: Mother  Father  Both Parents  Stepmother   
 Stepfather  Other \_\_\_\_\_

Are you a ward of the state or currently under the care of a foster care agency? Yes  No

If yes, you must attach document from the agency of such status.

How many people were in your household in 2022? \_\_\_\_\_

A student's economic eligibility is based on the following State Education Department guidelines for those first entering college in the fall of 2024.

<b>EOP Economic Eligibility Guidelines</b>	
Academic Year 2024-2025	
<b>Household Size (including head of household)</b>	<b>Total Annual Income in 2022 Calendar Year</b>
<b>1</b>	\$26,973
<b>2</b>	\$36,482
<b>3</b>	\$45,991
<b>4</b>	\$55,500
<b>5</b>	\$65,009
<b>6</b>	\$74,518
<b>7</b>	\$84,027
<b>8</b>	\$93,536
For families/households with more than eight people, add \$9,509 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.

Income data continued...

Please list all persons who currently live in your household and who are supported by the same income that supports you. Do not forget to include yourself and your parents. If additional space is needed, please check this box  and attach a separate page to this application.

Name	Age	Relationship to Applicant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all family members who are enrolled in college or who will be enrolled in college the 2024-2025 academic year. Be sure to list the institutions they will attend. If additional space is needed, please check this box  and attach a separate page to this application.

Family Member	Institution
_____	_____
_____	_____
_____	_____

**Family Income:**

How many parents currently live in your household? 1  2  None

How many parents are employed? 1  2  None

Mother's/stepmother's wages and salary \$ \_\_\_\_\_ Pension and/or retirement \$ \_\_\_\_\_

Father's/stepfather's wages and salary \$ \_\_\_\_\_ Alimony \$ \_\_\_\_\_

Social Security benefits \$ \_\_\_\_\_ SSI benefits \$ \_\_\_\_\_

Public assistance social services \$ \_\_\_\_\_ Child support (must be confirmed by notarized form)\*  
*(Do not include food stamps)* *(Do not include foster care or adoption)*

Interest earned on savings \$ \_\_\_\_\_ Dividends from investments \$ \_\_\_\_\_

Unemployment insurance benefits \$ \_\_\_\_\_ Veterans administration benefits \$ \_\_\_\_\_

None of the above applies to me; I am a ward of the state or foster child.

\* Please request child support information by calling 631-451-4356.

Did you (the applicant) file a 2022 tax return?  Yes  No

**If yes, you must attach a copy of your 2022 Transcript of Tax Return.**

To quickly request a tax transcript, visit [www.irs.gov/Individuals/Get-Transcript](http://www.irs.gov/Individuals/Get-Transcript) or call 1-800-908-9946.

**If no, you must attach a copy of your proof of non-filing in 2022.**

To obtain proof from the IRS of your non-filing status in 2022 call 1-800-829-1040 and follow the prompts.

Did your parent(s) file a 2022 tax return?  Yes  No

**If yes, you must attach a copy of their 2022 Transcript of Tax Return.**

To quickly request a tax transcript, visit [www.irs.gov/Individuals/Get-Transcript](http://www.irs.gov/Individuals/Get-Transcript) or call 1-800-908-9946.

**If no, you must attach a copy of their proof of non-filing in 2022.**

To obtain proof from the IRS of your non-filing status in 2022 call 1-800-829-1040 and follow the prompts.

Family Assets:

Cash, checking accounts: \$ \_\_\_\_\_ Savings accounts: \$ \_\_\_\_\_ Investments: \$ \_\_\_\_\_

Do you own a business? Yes  No  If yes, current market value: \$ \_\_\_\_\_

Does your family own a business? Yes  No  If yes, current market value: \$ \_\_\_\_\_

Do you own real estate property? Yes  No  If yes, current market value: \$ \_\_\_\_\_

Does your family own real estate property? Yes  No  If yes, current market value: \$ \_\_\_\_\_

Total income/salary for your household: \$ \_\_\_\_\_ Total non-taxable income: \$ \_\_\_\_\_ Total assets: \$ \_\_\_\_\_

## Part IV - Personal Essay/Autobiographical Sketch

You must answer the following questions in an essay format. You may include additional information that you feel is important to your application. Please be sure to include your name on the document. The essay may be typed and should not be longer than five double-spaced pages. Submit your essay with your application.

- ✓ What motivated your interest to pursue post-secondary education?
- ✓ Explain the circumstances that affected your academic performance in high school.
- ✓ Describe your academic intentions and your career goals.
- ✓ Based on what you know about the Educational Opportunity Program, how do you think the program will benefit you?

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

## Part V - Checklist

- Is the information on the application complete and accurate?
- Are the last four of your Social Security number correct?
- Is the letter of recommendation from your guidance counselor/agency included with the application?
- Did you remember to sign this form?
- Please return the attached form to the Ammerman Campus along with:
  - ✓ All required documentation, such as: copies of your taxes **and** IRS tax transcript to verify your income eligibility. (see page 6 for directions on obtaining IRS tax transcripts).
  - ✓ Child support documentation is required, if living with only one or no biological parent(s). You may request this document from our office by calling 631-451-4356.
  - ✓ Recommendation from your high school counselor (see page 8) and personal essay (see page 6).

**IF ANY OF THESE DOCUMENTS ARE MISSING, IT WILL DELAY THE COLLEGE'S RESPONSE TO YOUR ACCEPTANCE.**

### Educational Opportunity Program Expectations

- Offered to matriculated **FULL-TIME STUDENTS ONLY**.
- **NEW STUDENTS MUST ATTEND A FOUR-TO FIVE-WEEK SUMMER ENRICHMENT PROGRAM BEFORE FALL SEMESTER ENROLLMENT.**
- Students must attend all of their classes each semester and monthly retention meetings.
- New students must meet with their EOP counselor weekly. Continuing students are required to meet monthly or as specified by their EOP counselor.
- Students must not withdraw from any courses without consulting with an EOP counselor, advisor, or administrator.
- Students must respond to correspondence received from the EOP office.
- Students must attend tutoring sessions unless otherwise specified by the EOP advisor.
- Students must sign a student contract which outlines their responsibilities while participating in EOP.
- Failure to comply with program expectations will result in being placed on probation or ultimately being dismissed from the program.

# Educational Opportunity Program RECOMMENDATION FORM

Applicant's Name: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_ Applicant's Phone Number: (\_\_\_\_) \_\_\_\_\_

**HIGH SCHOOL COUNSELOR/AGENCY PERSONNEL:**

Please complete the information below. The completed form can be returned via the applicant in a sealed envelope or mailed to the following address:

Educational Opportunity Program  
Huntington Library, Room 22  
Suffolk County Community College  
533 College Road  
Selden, New York 11784

Your Name and Title: \_\_\_\_\_

Name of School/Agency: \_\_\_\_\_

Address of School/Agency: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Please indicate your association with and length of time you have known the applicant. \_\_\_\_\_

Please provide an estimate of the applicant's ability to perform at the college level. \_\_\_\_\_

Please provide any evidence that indicates the applicant's desire and ability to complete a college degree. \_\_\_\_\_

Please indicate any supportive services that the applicant may need in order to be successful in college (e.g., tutoring, counseling, remedial course work etc.).

Please use the space below to provide additional information about the applicant and his/her circumstances that you feel the college should consider in evaluating this applicant's candidacy.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_