

Please complete and return to the Educational Opportunity Fund Program with supporting documents by email: [EOFAdmission@wpunj.edu](mailto:EOFAdmission@wpunj.edu) or fax: 973-720-2053.

**STUDENT INFORMATION**

Name: \_\_\_\_\_  
 (Last) (First) (MI)

Applicant Type:  Freshmen  Transfer  Re-Admit  Current WPU Student 855# \_\_\_\_\_

Email: \_\_\_\_\_ High School/College: \_\_\_\_\_  
 (Transfer Applicants: Indicate Last College Attended)

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PART I: BIOLOGICAL/ADOPTIVE/STEP PARENT INCOME INFORMATION  
 JANUARY 1, 2020 TO DECEMBER 31, 2020**

Please **DO NOT** leave anything blank.

Did you file a federal income tax return for 2020 (IRS 1040, 1040A, or 1040EZ)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, list was your filing status:	<input type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Married Filing Jointly/Separately <input type="checkbox"/> Qualifying Widow(er)
If yes, list the total number of exemptions reported on the 1040:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Other: _____
If yes, list your adjusted gross income reported on the 1040:	\$ _____
If yes, did you complete a schedule C or C-EZ for business owners (required if any amount was reported as positive, negative, or calculated zero on line 3 of the IRS form 1040 Schedule 1: Additional Income & Adjustments to Income)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please indicate the number of employees you have:	<input type="checkbox"/> 0 <input type="checkbox"/> Less than 100 <input type="checkbox"/> More than 100
If yes, did you complete a schedule E for rental real estate or any schedules 1120, 1120A, 1120S, or 1065 for corporation owners (required if any amount was reported as positive, negative, or calculated zero on line 5 of the IRS form 1040 Schedule 1: Additional Income & Adjustments to Income)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did you receive SNAP and/or TANF Benefits in 2020?	<input type="checkbox"/> No <input type="checkbox"/> Yes: \$ _____ in total for 2020
Did you receive Social Security Benefits in 2020?	<input type="checkbox"/> No <input type="checkbox"/> Yes: \$ _____ in total for 2020
Did you receive Child Support Payments in 2020?	<input type="checkbox"/> No <input type="checkbox"/> Yes: \$ _____ in total for 2020
Did you receive Pension Benefits in 2020?	<input type="checkbox"/> No <input type="checkbox"/> Yes: \$ _____ in total for 2020
Did you receive Veterans Benefits in 2020?	<input type="checkbox"/> No <input type="checkbox"/> Yes: \$ _____ in total for 2020
Did you receive Unemployment Benefits in 2020?	<input type="checkbox"/> No <input type="checkbox"/> Yes: \$ _____ in total for 2020
What is the combine total from cash, savings, and checking accounts?	\$ _____

**BIOLOGICAL/ADOPTIVE/STEP PARENT PLEASE READ CAREFULLY:**

Submit a copy of your 2020 income documents with this application, i.e., Federal 1040 (including W-2 and all schedules), IRS Return Transcript, Child Support End of the Year Statement, Social Security Benefits 1099 Form, Unemployment Benefits W-2/1099-G, and/or pension forms.

The EOF Office reserves the right to request additional financial documentation to determine eligibility. Intentional false statement(s) or misrepresentation(s) subjects the filer to automatic disqualification.

I certify that the above information is true, correct, and complete; furthermore, I (we) agree to provide any additional documentation required.

\_\_\_\_\_  
 Parent Printed Name Signature Date



## EOF Application Section II Page 2

Name: \_\_\_\_\_  
(Last)
(First)
(MI)

### STUDENT/SPOUSE INCOME INFORMATION JANUARY 1, 2020 TO DECEMBER 31, 2020

**Please DO NOT leave anything blank.**

Did you <b>work</b> in 2020?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, did you file a federal income tax return for 2020 ( <i>IRS 1040, 1040A, or 1040EZ</i> )?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, list was your <b>filing status</b> :	<input type="checkbox"/> Single <span style="margin-left: 100px;"><input type="checkbox"/> Head of Household</span> <input type="checkbox"/> Married Filing Jointly/Separately <input type="checkbox"/> Qualifying Widow(er)
If yes, list the total number of <b>exemptions</b> reported on the 1040:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Other: _____
If yes, list your <b>adjusted gross income</b> reported on the 1040:	\$ _____
If yes, did you complete a <b>schedule C or C-EZ</b> for business owners ( <i>required if any amount was reported as positive, negative, or calculated zero on <b>line 3</b> of the <u>IRS form 1040 Schedule 1: Additional Income &amp; Adjustments to Income</u></i> )?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please indicate the <b>number of employees</b> you have:	<input type="checkbox"/> 0 <input type="checkbox"/> Less than 100 <input type="checkbox"/> More than 100
If yes, did you complete a <b>schedule E</b> for rental real estate or any schedules 1120, 1120A, 1120S, or 1065 for corporation owners ( <i>required if any amount was reported as positive, negative, or calculated zero on <b>line 5</b> of the <u>IRS form 1040 Schedule 1: Additional Income &amp; Adjustments to Income</u></i> )?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did you receive <b>SNAP and/or TANF Benefits</b> in 2020?	<input type="checkbox"/> No <input type="checkbox"/> Yes: \$ _____ in total for 2020
Did you receive <b>Social Security Benefits</b> in 2020?	<input type="checkbox"/> No <input type="checkbox"/> Yes: \$ _____ in total for 2020
Did you receive <b>Child Support Payments</b> in 2020?	<input type="checkbox"/> No <input type="checkbox"/> Yes: \$ _____ in total for 2020
Did you receive <b>Pension Benefits</b> in 2020?	<input type="checkbox"/> No <input type="checkbox"/> Yes: \$ _____ in total for 2020
Did you receive <b>Veterans Benefits</b> in 2020?	<input type="checkbox"/> No <input type="checkbox"/> Yes: \$ _____ in total for 2020
Did you receive <b>Unemployment Benefits</b> in 2020?	<input type="checkbox"/> No <input type="checkbox"/> Yes: \$ _____ in total for 2020
What is the combine <b>total</b> from cash, savings, and checking accounts?	\$ _____

### STUDENT/SPOUSE PLEASE READ CAREFULLY:

*Submit a copy of your 2020 income documents **with this application**, i.e., Federal 1040 (including W-2 and all schedules), IRS Return Transcript, Child Support End of the Year Statement, Social Security Benefits 1099 Form, Unemployment Benefits W-2/1099-G, and/or pension forms.*

***The EOF Office reserves the right to request additional financial documentation to determine eligibility. Intentional false statement(s) or misrepresentation(s) subjects the filer to automatic disqualification.***

*I certify that the above information is true, correct, and complete; furthermore, I (we) agree to provide any additional documentation required.*

Student Printed Name	Signature	Date
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*The Educational Opportunity Fund (EOF) Program is a state-funded program offering academic, financial and counseling services to students who meet the selective criteria set forth by the NJ Commission on Higher Education. The EOF Program is **not a financial aid program**, rather an academic support program to provide students with the support they need to become successful college students. The grant provided to student is of \$700 a semester if they are commuting or \$825 a semester if they are residing on campus.*

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