

EOP EDUCATIONAL OPPORTUNITY PROGRAM ELIGIBILITY FORM

The Educational Opportunity Program (EOP) is offered for students residing in New York state who need special academic assistance and who are economically disadvantaged. Eligibility for this highly selective program is based on meeting both academic and financial requirements. Candidates are required to complete and submit the following:

- SUNY Application Form
- Supplemental Application Form
- Teacher/Counselor Recommendation
- High school transcript
- SAT/ACT scores
- EOP Eligibility Form (this form)
If you believe you qualify for the EOP program after completing the EOP Eligibility Form, also complete the:
- EOP Financial Data Form

For priority consideration, all materials must be received by March 1. Information received after the deadline will be considered only if space remains.

PLEASE TYPE OR PRINT:

Mr.
 Ms. _____ Social Security number* _____
Last First M.I.

Date of birth _____ Telephone: Home _____ Cell _____
Month/Day/Year

Binghamton University e-mail _____

Legal address (include apartment and floor number if applicable)

Street address _____ Apt. _____
City _____ State _____ ZIP code _____

Current address (if different from above)

Street address _____ Apt. _____
City _____ State _____ ZIP code _____

PART I: PROGRAM REQUIREMENTS

To determine your eligibility for admission to the Educational Opportunity Program, please verify that you meet ALL key academic AND financial requirements below:

YES NO

1. I am a legal resident of New York state and have been for the preceding 12 months.
2. I believe I am eligible for EOP because:
- a. My high school average is between 78 and 88.
- b. My SATs are between 750 and 1100 (math and critical reading totals only).
3. My family income meets financial eligibility standards OR my circumstances are an exception to the guidelines. (Please review the information and charts on next page.)
- a. Number living in household: _____ Household category: _____ Household annual income in previous calendar year: \$ _____

OR

- b. My circumstances reflect one of the income guideline exceptions (please check):
- ___ My family receives 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.
- ___ I live with foster parents who do not provide support for college, and my natural parents provide no such support.
- ___ I am a ward of the state or county.

INCOME GUIDELINES

Please use this information to answer Question 3 on page 1. The table below lists current financial eligibility requirements for EOP admission. Check www.suny.edu for any recent guideline-related changes, updates or notices. The economic disadvantaged requirement is based on a student's household income not exceeding the amount shown for household size in the applicable annual income category, or the student's circumstances conforming to one of the exceptions out-

Household Size (Including head of household)	Household Categories		
	Total Annual Income in Previous Calendar Year		
	Category A	Category B	Category C
1	\$14,100	\$18,900	\$20,700
2	\$19,600	\$24,400	\$26,200
3	\$22,350	\$27,150	\$28,950
4	\$27,800	\$32,600	\$34,400
5	\$32,850	\$37,650	\$39,450
6	\$38,550	\$43,350	\$45,150
7*	\$42,900*	\$47,700*	\$49,500*
*In excess of seven family members, add \$4,350 for each additional family member.			
Annual income figures are subject to change without notice. Figures reflect requirements posted for 2007-08 academic year. For any changes/updates/notices, please visit www.suny.edu today.			

Definitions for Household Categories	
A	Supported by one or more individuals whose combined total annual income is from Social Security or sources other than employment, and which does not exceed the applicable amount under "Category A" in chart to left.
B	Supported by more than one or more worker(s) whose combined total annual income does not exceed the applicable amount under "Category B" in chart to left.
C	For households supported by one worker with two or more employers, which does not exceed the applicable amount under "Category C" in chart to left.

PART II: RESULTS OF EVALUATION

I did respond YES to ALL questions above. I believe that I am eligible for EOP consideration, and wish to have my EOP Data Form and SUNY Application reviewed. (Please note, if you checked this box, you must also complete and submit the EOP Data Form with required documentation and the SUNY Application. **A complete admissions application is required for review.**)

OR

I did not respond YES to ALL questions above. I believe that I am not eligible for EOP. I still wish to have my application reviewed, but without EOP consideration.

PART III: REQUIRED SIGNATURES

Please provide the following signatures:

Student signature _____ Date _____

Parent/Guardian signature _____ Date _____

*Authority to solicit the Social Security number has been established by Section 355 of the Educational Law of New York State. The number is used for admissions and financial-aid record keeping.

Please be sure to sign and date this form.
Did you check all applicable boxes and answer all questions?

Please retain a copy of this form and all attachments for your records.
Please attach this form to the EOP Data Form and return both required forms to:
Office of Undergraduate Admissions
Binghamton University, PO Box 6001, Binghamton, New York 13902-6001
Phone: 607-777-2171, Fax: 607-777-4445, admissions.binghamton.edu

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STATE UNIVERSITY OF NEW YORK

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