



The College at  
**BROCKPORT**  
STATE UNIVERSITY OF NEW YORK  
Office of Undergraduate Admissions

**The Arthur O. Eve Opportunity Program (EOP) DATA FORM**

(This form is for **2016 freshman applicants** only)

*This form is provided to you because you have met the academic criteria for admittance into EOP at The College at Brockport, SUNY. In order to be admitted into EOP you must also meet established income guidelines. **You must complete and return this form with all required documentation before eligibility can be determined. Answer all questions. DO NOT leave any lines blank; enter N/A or zero '0' where applicable.***

**PART 1: STUDENT PERSONAL INFORMATION**

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last Name First Name MI

Address (street, apt. #, city, state, zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Mobile #: \_\_\_\_\_

Student Mobile #: \_\_\_\_\_

Student Email: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Do you have access to email 12 months of the year? (check one): Yes \_\_\_\_ No \_\_\_\_

Are you a New York state resident? (NYS Resident = 12 months prior to attending classes.) Yes \_\_\_\_ No \_\_\_\_

I am (check one):  
 US Citizen  
 Eligible non-citizen: Alien Registration # \_\_\_\_\_  
 Not a US Citizen or ineligible non-citizen

Answer the following questions to determine your dependency status	Circle Yes or No	
	Yes	No
Were you born before January 1, 1993?	Yes	No
As of today, are you married?	Yes	No
Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?	Yes	No
Are you a veteran of the U.S. Armed Forces?	Yes	No
Do you have children who live with you and will receive more than half of their support from you between July 1, 2016 and June 30, 2017?	Yes	No
Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you now and through June 30, 2017?	Yes	No
At any time since you turned 13, were both your parents deceased, were you in foster care or were you a dependent/ward of the court?	Yes	No

Student Name \_\_\_\_\_

Brockport ID #: 800 \_\_\_\_\_

Answer the following questions to determine your dependency status	Circle Yes or No	
As of today are you an emancipated minor as determined by a court in your state of legal residence?	Yes	No
As of today are you in legal guardianship as determined by a court in your state of legal residence? <b>Please note that your BIOLOGICAL PARENT(S) is NOT considered your LEGAL GUARDIAN(S).</b>	Yes	No
At any time on or after July 1, 2015 did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? You may be required to complete the Dependency Override form and attach supporting documentation.	Yes	No
At any time on or after July 1, 2015 did the director of an emergency shelter or transitional housing program, funded by the U.S. Department of Housing and Urban Development, determine that you were an unaccompanied youth who was homeless? You may be required to complete the Dependency Override form and attach supporting documentation.	Yes	No
At any time on or after July 1, 2015 did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? You may be required to complete the Dependency Override form and attach supporting documentation.	Yes	No

If you answered **'YES'** to **ANY** of the questions above, you are considered an **independent student**. You do not need to report parental information or provide parental income documentation. **Please SKIP Part 3. Complete Part 2 and 4**  
 If you answered **'NO'** to **ALL** the questions above, you are considered a **dependent student** and **MUST** complete **parts 2, 3, and 4**.

**PART 2: HOUSEHOLD INFORMATION**

**To avoid delays in processing your application, have the head of the household assist with this section. The data you provide should match the information that will be reported on your 2016-2017 FAFSA.**

Please LIST ALL members of the household(including parents) for whom your parents provide more than half the support:

Name	Date of Birth	Relationship to applicant

The TOTAL NUMBER of persons (**including parents**) in my parent's household for whom they provide support is: \_\_\_\_\_

Student Name \_\_\_\_\_

Brockport ID #: 800 \_\_\_\_\_

**PART 3: PARENTAL INFORMATION**

**\*Please note: We need your Parental information in this section of the form**

**\*If you are considered an independent student, SKIP this Section.**

**Do not leave any questions blank. Final determination of EOP eligibility will not be made until ALL income documents are submitted. Answer the following questions by circling "Yes" or "No" and be sure to supply the required documentation for ALL questions answered as "YES".**

- The EOP Data Form **MUST** be completed by the **APPLICANT** with PARENTAL information and documentation; unless unusual or extenuating circumstances exist, (such as: ward of the court, orphan).
  - If unusual or extenuating circumstances exist, please submit a letter of explanation

If **dependent**, with whom do you live? (circle one)      Natural parent(s)      Adoptive parent(s)      Grandparent(s)      Other: \_\_\_\_\_

Is the parent(s) you reside with a NYS resident?      Yes      No

**Parent's marital status:** (circle one)      Single      Married      Remarried      Divorced      Separated      Widowed

**Please note that your BIOLOGICAL PARENT(S) is NOT considered your LEGAL GUARDIAN(S).**

**Circle one of the Following**

**Circle one of the Following**

Father	Stepfather	Legal guardian	Other: _____	Mother	Stepmother	Legal guardian	Other: _____
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Name: \_\_\_\_\_

Address (street, apt. #): \_\_\_\_\_

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

Name: \_\_\_\_\_

Address (street, apt. #): \_\_\_\_\_

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

**\*\*\*No line must be left blank, enter N/A or '0' on the appropriate lines where applicable.**

**\*\*\*Please enter a value on each line; if the amount is ZERO, you MUST enter '0' on the appropriate line.**

SOURCE OF 2015 INCOME	PARENT		REQUIRED DOCUMENTATION
Will your parent(s) file a 2015 Federal income tax return?	Yes	No	If <b>NO</b> , complete the applicable 2015 <b>Non-Filing Statement</b> included in your packet. If <b>YES</b> , you will be required to submit income documentation such as a signed copy of your parent(s) <b>2015 Federal Tax Return (1040) and ALL W-2 forms.</b>
Mother's/Stepmother's Wages			<b>Total Income in 2015. \$</b> _____ Submit 2015 Federal Tax Return (1040) and ALL W-2 forms.
Father's/Stepfather's Wages			<b>Total Income in 2015. \$</b> _____ Submit 2015 Federal Tax Return (1040) and ALL W-2 forms.
Did your parent(s) receive any Public Assistance in 2015?	Yes	No	<b>Total received in 2015. \$</b> _____ Submit The College at Brockport's Verification of Social Services form completed by the Department of Social Services.

Student Name \_\_\_\_\_

Brockport ID #: 800 \_\_\_\_\_

SOURCE OF 2015 INCOME	PARENT		REQUIRED DOCUMENTATION
Did your parent(s) or any other family member receive Social Security Benefits or Supplemental Security Income in 2015?	Yes	No	<b>Total received in 2015. \$</b> _____ Submit a copy of the 2015 SSA Form-1099 or a letter from the agency stating the total amounts received for each member of the household in 2015
Did your parent(s) or any other family member receive any untaxed income or benefits in 2015 (such as Worker's Compensation, Veteran's Benefits, etc.)?	Yes	No	<b>Total received in 2015. \$</b> _____ Submit a statement from the agency from which benefits are received stating the total amounts received for each member of the household in 2015.
Did your parent(s) receive any child support in 2015?	Yes	No	<b>Total received in 2015. \$</b> _____ Submit signed affidavit or court order
Did your parent(s) receive any income from a pension, annuity or unemployment benefits in 2015?	Yes	No	<b>Total received in 2015. \$</b> _____ Submit a letter from the appropriate agency stating total award for 2015.

**You are required to submit official documentation verifying ALL sources of income reported in this section.**

**PART 4: CERTIFICATION**

This form **MUST** be completely filled out and signed by the Student and Parent or it **WILL NOT** be considered complete and will delay the continued review of your application.

To ensure receipt of all correspondence from our office; we must be notified of any changes to your address and/or phone number(s).

The Office of Undergraduate Admissions reserves the right to request additional income documentation for years prior to 2014 in certain circumstances. Each person signing this form certifies that all the information is complete and correct.

I certify that the above information is true, accurate, and complete as of the date signed:

**(PLEASE NOTE: student and parent signatures are MANDATORY)**

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to:

Office of Undergraduate Admissions  
The College at Brockport  
State University of New York  
350 New Campus Drive  
Brockport, NY 14420  
Fax # (585) 395-5452