



## 2010 EDUCATIONAL OPPORTUNITY PROGRAM QUESTIONNAIRE

Acceptance into the Educational Opportunity Program (EOP) based on the information submitted on this document is only preliminary. Final acceptance into the EOP program will depend on the results of the Free Application for Federal Student Aid (FAFSA) and other relevant documents. All information provided will be considered confidential. **Please complete all sections of this questionnaire. Feel free to contact the Admission Office at 609-896-5042 if you have any questions. We're here to assist you.**

Full Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Last First MI

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_

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

YES NO

- ( ) ( ) Are both of your parents deceased? *If so, please attach copies of death certificates.*
- ( ) ( ) Are you (or were you) in foster care or a ward/dependent of the court? *If so, please attach documentation.*
- ( ) ( ) Do you, or did you, have a **legal** guardian as determined by a New Jersey court? *If so, please attach court documentation.*
- ( ) ( ) As of today are you married? (Answer yes if you are separated but not divorced)
- ( ) ( ) Do you have children or legal dependent(s) (other than a spouse) **who receive more than half of their support from you?**
- ( ) ( ) Are you a veteran of the U.S. Armed Forces or currently serving on active duty for purposes other than training?
- ( ) ( ) Are there any other circumstances involving your family or living arrangements that you would like us to consider in reviewing your EOP application? *If yes, please explain on a separate sheet of paper and attach.*

Are you a U.S. citizen? YES ( ) NO ( )  
*If "NO" do you have a permanent resident card (Green Card)?* YES ( ) NO ( )  
*If "YES", please attach a photocopy of both sides of the card.*

Are you and your parent(s) legal residents of the state of New Jersey? YES ( ) NO ( )  
How long have you resided in New Jersey? Months: \_\_\_\_\_ Years: \_\_\_\_\_

With whom do you reside?  
Mother & Father ( ) Mother Only ( ) Father Only ( ) Legal Guardian ( ) Other ( )  
*If other, please explain:* \_\_\_\_\_

As of today, what is the marital status of the person/people checked in the previous question?  
Married ( ) Remarried ( ) Separated ( ) Divorced ( ) Widowed ( )  
Single/Never Married ( ) *If separated, divorced, or widowed, please provide month and year of parent's current marital status:* \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Do you have a brother or a sister who has received EOF funding at a New Jersey college? YES ( ) NO ( )  
*If "YES", please provide sibling's name and college:* \_\_\_\_\_

If you are a transfer student did you receive EOF funding at your previous institution? YES ( ) NO ( )  
*If "YES" at which college did you receive EOF funding?* \_\_\_\_\_

**SOURCES OF INCOME FOR 2009**

Answer **all** questions. **DO NOT LEAVE BLANKS.**

If the amount is zero, enter "0." Write "N/A" if the question does not apply.

Whose information you are providing below? Mother & Father ( ) Mother Only ( ) Father Only ( )  
 Legal Guardian ( ) Yours ( ) Other ( )  
 If other, please specify: \_\_\_\_\_

	Father/Stepfather	Mother/Stepmother	Student
Salaries & Wages (per year)	_____	_____	_____
Dividends & Interest (per year)	_____	_____	_____
Social Security (per month)	_____	_____	_____
Child Support (per month)	_____	_____	_____
Welfare (per month)	_____	_____	_____
Income from Other Sources	_____	_____	_____
Please specify sources of other income: _____			

Total income for 2009 \_\_\_\_\_

**PREVIOUS INCOME INFORMATION**

Total income for 2008 \_\_\_\_\_  
 Total income for 2007 \_\_\_\_\_

Did **your parent(s)/ legal guardian(s)** file a federal income tax return (IRS Forms 1040, 1040A, or 1040EZ) for the following years?

- 2008 YES ( ) NO ( ) ***If yes, please attach a copy, including all schedules.***
- 2007 YES ( ) NO ( ) ***If yes, please attach a copy, including all schedules.***

Did **you** file a federal income tax return (IRS forms 1040, 1040A, or 1040EZ) for the following years?

- 2008 YES ( ) NO ( ) ***If yes, please attach a copy, including all schedules.***
- 2007 YES ( ) NO ( ) ***If yes, please attach a copy, including all schedules.***

How many dependents live in your household? (Include yourself **and** parent(s)/legal guardian(s)) \_\_\_\_\_

Do your parent(s)/legal guardian(s) own the home in which they live? YES ( ) NO ( )

If "YES" please list the value of the home: \$ \_\_\_\_\_

What is owed on the home? \$ \_\_\_\_\_

Do you or your parent(s)/legal guardian(s) own any other real estate or investments? YES ( ) NO ( )

If yes, please identify and give a value for **all** other real estate or investments:

Description: \_\_\_\_\_ Value \$ \_\_\_\_\_

Do you or your parent(s)/legal guardian(s) own a business? YES ( ) NO ( )

*All EOP students are required to complete the FAFSA as soon as possible. If you have not already done so, please visit **www.rider.edu/finaid** to begin the FAFSA process. For FAFSA assistance, please call our Help Desk at 609-896-5360.*

Have you filed the Free Application for Federal Student Aid? YES ( ) NO ( )

If "YES", when did you file? Date: \_\_\_\_\_

I (We) certify that the information reported on this questionnaire is accurate and complete. I (we) understand that all information is subject to verification and that willful omission or misrepresentation on this form may result in withdrawal of my application for admission to Rider and the Educational Opportunity Program.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Please return this form and all attachments to: Rider University                      or you may fax to: 609-895-6645**  
**Office of Admission**  
**2083 Lawrenceville Road**  
**Lawrenceville, NJ 08648-3099**