



RIDER
UNIVERSITY

2023

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) or the New Jersey Alternative Financial Aid Application for NJ Dreamers and other relevant documents. All information provided will be considered confidential.

Name: _____ Telephone: _____

Last 4 digits of your Social Security Number: _____ Cell Phone: _____

Email Address: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____

YES NO

- ☐ ☐ Are either of your parents deceased? *
- ☐ ☐ Are you (or were you) in foster care or a ward/dependent of the court?
- ☐ ☐ As of today, do you have a legal guardian (other than your parents) as determined by a court? *
(if you are in a temporary or custodial agreement, answer, "No".)
- ☐ ☐ 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 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? *
- ☐ ☐ Do you or any of your siblings receive Free and Reduced Price Lunch? *
- ☐ ☐ Are you a first generation college student? *
- ☐ ☐ Have you successfully/will you successfully complete an NJGearup, Upwardbound or Federal TRIO Program?
- ☐ ☐ Are there any other circumstances involving your family or living arrangements that you would like us to consider in reviewing your EOP application? *

Are you a U.S. citizen? * YES ☐ NO ☐

Is your mother a U.S. citizen? * YES ☐ NO ☐

Is your father a U.S. citizen? * YES ☐ NO ☐

How long have you resided in New Jersey? Years: _____ Months: _____

With whom do you reside?* Mother & Father ☐ Mother Only ☐ Father Only ☐ Legal Guardian ☐

Other ☐ If other, please explain: _____

Questions? Contact the Admissions Office at:

eopadmissions@rider.edu



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As of today, what is the current marital status of the person/people with whom you reside?

Married ☐ Remarried ☐ Separated (but still married) ☐ Divorced ☐ Widowed ☐ Never Married ☐

Do you have a sibling who has received EOF/EOP funding at a New Jersey college? * YES ☐ NO ☐

If "YES," please provide sibling's name, college, and graduation date: _____

Sources of Income for 2021

Answer **all** questions for parent(s) and student. **DO NOT LEAVE BLANKS.** If the amount is zero, enter "0." Write "N/A" if the question does not apply.

In addition to the student's financial information, whose information is also being provided?*

Mother & Father ☐ Mother Only ☐ Father Only ☐ Legal Guardian ☐ Other ☐

If other, please specify: _____

	Mother/Stepmother	Student
Salaries & Wages (per year)	_____	_____
Dividends & Interest (per year)	_____	_____
Did you receive Social Security? *	_____	_____
Did you receive TANF or Welfare? *	_____	_____
Income from Other Sources *	_____	_____

Please describe type of income other sources of income and include value (per month):

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Tax Information

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

2020 YES ☐ NO ☐

2021 YES ☐ NO ☐

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

2020 YES ☐ NO ☐

2021 YES ☐ NO ☐

Copies of Tax Return Transcripts, Wage and Income Transcripts, and Verification of Non-filing Letters can be obtained for free at irs.gov/individuals/get-transcript.

Additional Information

How many people live in your household?

(Include yourself, your parents/legal guardian, and any siblings under the age of 24) * _____

*Please list all of the people that live in your household including yourself *:*

First Name	Last Name	Relationship to Student	Birth date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

Do you or your parent(s)/legal guardian(s) own a business or are self-employed? * YES ☐ NO ☐

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 omission or misinterpretation on this form may result in withdrawal of my application for admission to Rider and the Educational Opportunity Program.

Student's Signature: _____ Initials: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

PLEASE RETURN THIS FORM AND ALL ATTACHMENTS TO YOUR RIDER BEABRONC APPLICANT DASHBOARD OR BY EMAIL, USING THE INFORMATION PROVIDED BELOW.

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