

**\*\*EOP Data Form MUST be completed by the APPLICANT with parental information and documentation\*\***



The College at  
**BROCKPORT**  
STATE UNIVERSITY OF NEW YORK

Office of Undergraduate Admissions  
**EDUCATIONAL OPPORTUNITY PROGRAM DATA FORM (2012)**

**Please note that an incomplete data form will delay the processing of your application. This form is for freshman applicants only.**

**PART I: APPLICANT DATA**

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

Address \_\_\_\_\_  
Street City State/Zip Code

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

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

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

**Student's Marital Status:** \_\_\_\_\_ Single \_\_\_\_\_ Married/Remarried \_\_\_\_\_ Divorced/Separated/Widowed

Are you a New York state resident? (Must have resided in NYS for 12 months prior to attending classes.) Yes \_\_\_ No \_\_\_

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

Do you have access to email 12 months of the year? Yes \_\_\_\_\_ No \_\_\_\_\_

**PART II: DEPENDENCY STATUS**

**Answer the questions below to determine if you can be considered an independent student.  
Please note that your LEGAL GUARDIAN(S) is not considered your biological parent(s).**

Were you born before January 1, 1989? 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, 2012 and June 30, 2013? 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, 2013? Yes \_\_\_\_\_ No \_\_\_\_\_

When you were age 13 or older, were both your parents deceased, were you in foster care or were you a dependent/ward of the court? Yes \_\_\_\_\_ 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? Yes \_\_\_\_\_ No \_\_\_\_\_

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At any time on or after July 1, 2009 did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? Yes \_\_\_\_\_ No \_\_\_\_\_

At any time on or after July 1, 2009 did the director of an emergency shelter program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless? Yes \_\_\_\_\_ No \_\_\_\_\_

If **'YES'** to **ANY** of the questions above, you are considered an **independent student**. **Please go to part V.**  
If **'NO'** to **ALL** the questions you are considered a **dependent student** and **MUST** also complete **parts III, IV and V.**

**PART III: PARENT DATA**

If **dependent**, with whom do you live (check one): \_\_\_\_\_ Natural parents \_\_\_\_\_ Adoptive parents  
\_\_\_\_\_ Grandparents \_\_\_\_\_ Other

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

**Parent's marital status:** \_\_\_\_\_ Single \_\_\_\_\_ Married/Remarried \_\_\_\_\_ Divorced/Separated/Widowed

Circle: Father Stepfather Legal guardian Other: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Circle: Mother Stepmother Legal guardian Other: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**PART IV: HOUSEHOLD & INCOME 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 2012-2013 FAFSA. You will be required to submit official documentation verifying ALL income reported in this section.**

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

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

Name	Relationship	Projected wages earned in the year 2011
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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**PART V: FINANCIAL DATA**

Will a 2011 Federal income tax return be filed?    **Student** \_\_\_\_ Yes \_\_\_\_ No                      **Parent** \_\_\_\_ Yes \_\_\_\_ No

If **NO**, complete the **Non-Filing Statement** included in your packet and attach a copy of all W2 forms received for 2011.

If **YES**, you must submit a copy of your parent(s) **2011 Federal Tax Return (1040) and ALL W-2 forms.**

**Please list the TOTAL family income received for 2011.**

**For example, if your parent receives \$100/month for child support, you would enter \$1,200 for the year.**

**If the answer is ZERO, you MUST enter '0' on the appropriate line below.**

Public Assistance/Social Services (not including food stamps or housing)	\$ _____
Social Security received for all family members	\$ _____
Child support for all children	\$ _____
SSI benefits	\$ _____
Workers Compensation	\$ _____
Other. Describe: _____	\$ _____

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

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

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

**NOTE:** Please notify The College at Brockport of any changes to your address or phone number during this process.

Please return completed form to:

Office of Undergraduate Admissions  
The College at Brockport  
State University of New York  
350 New Campus Drive  
Brockport, NY 14420-2915

*\*Please note that this should be the parent(s) that you live with.*