



EDUCATIONAL OPPORTUNITY PROGRAM 2025 Supplemental Application

Student's Name: _____ SSN#: XX – XX - _____

Please download this PDF application, fill it out and save it to your computer. Then, send your completed EOP application and all related documents to the Ammerman Campus EOP office address or fax number below. You can also email it to eop-ammr@sunysuffolk.edu.

CAMPUS LOCATIONS: Check box to indicate which campus you plan on attending.

Ammerman Campus EOP

Huntington Library, Room 22
533 College Road
Selden, NY 11784
Phone (631) 451-4356
Fax (631) 451-4427

Michael J. Grant Campus EOP

Suffolk Federal Credit Union Arena, Room 129
Crooked Hill Road
Brentwood, NY 11717-1092
Phone (631) 851-6510
Fax (631) 851-6241

Eastern Campus EOP

Student Success Center
Peconic Building, Room 205
121 Speonk-Riverhead Road
Riverhead, NY 11901-3499
Phone (631) 451 4356
Fax (631) 451-4427

EOP Department

David Johnson, Director of EOP
johnsoda@sunysuffolk.edu
(631) 451-4462

Rose Dimino, Principal Assistant to the Director of EOP
diminor@sunysuffolk.edu
(631) 451-4356

Tammy Coffey, EOP Counselor
coffeyt@sunysuffolk.edu
(631) 851-6510

The Personal Privacy Protection Law requires this notice to be provided when collecting personal information from individuals. The information on this Admissions Application will be used by SCCC to evaluate your request for admission and will be incorporated into your student records if and when you enroll. Failure to provide the requested information could prevent your application from being processed. The authority to request this information is found in Section 355(2)(h) of the Education Law. This application information will be maintained in the College Records Office. The official responsible for the maintenance of this information is the College Registrar, Suffolk County Community College, 533 College Road, Selden, NY 11784. **Non-Discrimination Notice:** Suffolk County Community College does not discriminate on the basis of race, color, religion, creed, sex, age, marital status, gender identity or expression, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, national origin, military or veteran status, domestic violence victim status, or disability in its admissions, programs and activities. The following person has been designated to handle inquiries regarding the College's nondiscrimination policies: Civil Rights Compliance Officer Christina Vargas Chief Diversity Officer/Title IX Coordinator, Ammerman Campus, NFL BLDG., Suite 230, 533 College Road, Selden, New York 11784. vargasc@sunysuffolk.edu (631) 451-4950. Inquiries may also be directed to the United States Department of Education's Office for Civil Rights, 32 Old Slip 26th Floor, New York, New York 10005-2500 (646) 428-3800; Email: OCR.NewYork@ed.gov. Please see www.sunysuffolk.edu/nondiscrimination for more information.

Your Social Security number is used to coordinate the collection of information for all your student records. Authority to collect this number is granted under Section 355 of the New York State Education Law. The disclosure of your Social Security number is voluntary and you may refuse to provide this information. All campus crime statistics are available on the College website at sunysuffolk.edu/safety. Contact public safety 24 hours a day/7days a week at 631-451-4242 or 311 from any College phone.

Suffolk County Community College

Educational Opportunity Program (EOP)

Supplemental Application for Admission for Fall 2025

This form is required to complete your freshman application to the Educational Opportunity Program. Please take time to complete all sections carefully and thoroughly. Once completed, return it to the Ammerman Campus EOP office with the documents listed on page 7 (Checklist).

I wish to matriculate in the: fall _____ semester. Date of application: ____/____/____

I am applying as a: Freshman Transfer

Part I - Personal Data

Name: _____ Gender: Male Female
(Last) (First) (Middle)

Mailing Address: _____
(Number and Street or P.O. Box #) (Apt#) (City) (State) (ZIP code)

Legal Address (if different from above): _____
(Number and Street) (Apt#) (City) (State) (ZIP code)

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Date of Birth: ____/____/____ Email Address: _____

Please complete this section for local, state and federal reports. Your response is optional and does not affect your admission. You will be given another opportunity to provide this information after admission if you wish to do so.

Ethnicity:
 African-American/Black Asian/Pacific Islander Caucasian/White
 Native American (American Indian) Hispanic /Latino Other (specify) _____
Gender: Male Female

Marital Status: Single Married Divorced Separated Widowed

Are you a New York State resident? Yes No If yes, how long? _____ years _____ months
 If no, you must submit a copy of both sides of your alien registration card.

Are you a United States citizen? Yes No If no, please provide your alien registration number _____

Were you born before January 1994? Yes No

Are you a veteran of the United States Armed Forces? Yes No

Are you supporting a dependent? Yes No

Would you like information on special services? (ex. IEP, resource room or untimed testing)? Yes No

Part II - Educational Data

Name of high school from which you graduated or expect to graduate: _____

 City State ZIP code

Name of Guidance Counselor: _____ Phone: (____) _____

High School GPA: _____ SAT: Math _____ Verbal _____ ACT: _____

Type of Diploma: Regents Regents with advanced designation Local IEP (Individualized Educational Program)

If not a graduate of a New York State high school, did you receive a high school equivalency diploma? Yes No

If yes, provide the date: ____/____/____ Score: _____
 Month Year

Expected date of HS graduation: ____/____/____ Your intended academic major: _____

Have you attended college or vocational school since high school graduation? Yes No (Please specify below)

Name of the School	
Address	
Dates Attended	
Academic Major	

Were you previously enrolled in an opportunity program? Yes No If yes, how many semesters were you enrolled? _____

Name of program (Please check appropriate box): HEOP EOP SEEK College Discovery

Part III - Income Data

Filing Status:

I am filing as a dependent student

I am filing as an independent student based on the criteria listed on the FAFSA

At the time of application, I reside with my: Mother Father Both Parents Stepmother
 Stepfather Other _____

Are you a ward of the state or currently under the care of a foster care agency? Yes No

If yes, you must attach document from the agency of such status.

How many people were in your household in 2023? _____

A student's economic eligibility is based on the following State Education Department guidelines for those first entering college in the fall of 2025.

EOP Economic Eligibility Guidelines	
Academic Year 2025-2026	
Household Size (including head of household)	Total Annual Income in 2023 Calendar Year
1	\$27,861
2	\$37,814
3	\$47,767
4	\$57,720
5	\$67,673
6	\$77,626
7	\$87,579
8	\$97,532*
*For families/households with more than eight people, add \$9,953 for each additional person.	

Income guidelines do not apply if:

- The student's family is the recipient of 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.
- The student is in foster care as established by the court.
- The student is a ward of the state or county.

Income data continued...

Please list all persons who currently live in your household and who are supported by the same income that supports you. Do not forget to include yourself and your parents. If additional space is needed, please check this box and attach a separate page to this application.

Name	Age	Relationship to Applicant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all family members who are enrolled in college or who will be enrolled in college the 2025-2026 academic year. Be sure to list the institutions they will attend. If additional space is needed, please check this box and attach a separate page to this application.

Family Member	Institution
_____	_____
_____	_____
_____	_____

Family Income:

How many parents currently live in your household? 1 2 None

How many parents are employed? 1 2 None

Mother's/stepmother's wages and salary \$ _____ Pension and/or retirement \$ _____

Father's/stepfather's wages and salary \$ _____ Alimony \$ _____

Social Security benefits \$ _____ SSI benefits \$ _____

Public assistance social services \$ _____ Child support (must be confirmed by notarized form) * \$ _____

(Do not include food stamps)

(Do not include foster care or adoption)

Interest earned on savings \$ _____ Dividends from investments \$ _____

Unemployment insurance benefits \$ _____ Veterans administration benefits \$ _____

None of the above applies to me; I am a ward of the state or foster child

* IF LIVING WITH ONLY ONE OR NO BIOLOGICAL PARENT(S), please request this Child Support form by calling 631-451-4356.

Did you (the applicant) file a 2023 tax return? Yes No

If yes, you must attach a copy of your 2023 Transcript of Tax Return.

To quickly request a tax transcript, visit www.irs.gov/Individuals/Get-Transcript or call 1-800-908-9946.

If no, you must attach a copy of your proof of non-filing in 2023.

To obtain proof from the IRS of your non-filing status in 2023 call 1-800-829-1040 and follow the prompts.

Did your parent(s) file a 2023 tax return? Yes No

If yes, you must attach a copy of their 2023 Transcript of Tax Return.

To quickly request a tax transcript, visit www.irs.gov/Individuals/Get-Transcript or call 1-800-908-9946.

If no, you must attach a copy of their proof of non-filing in 2023.

To obtain proof from the IRS of your non-filing status in 2023 call 1-800-829-1040 and follow the prompts.

Family Assets:

Cash, checking accounts: \$ _____ Savings accounts: \$ _____ Investments: \$ _____

Do you own a business? Yes No

If yes, current market value: \$ _____

Does your family own a business? Yes No

If yes, current market value: \$ _____

Do you own real estate property? Yes No

If yes, current market value: \$ _____

Does your family own real estate property? Yes No

If yes, current market value: \$ _____

Total income/salary for your household: \$ _____ Total non-taxable income: \$ _____ Total assets: \$ _____

Part IV - Personal Essay/Autobiographical Sketch

You must answer the following questions in an essay format. You may include additional information that you feel is important to your application. Please be sure to include your name on the document. The essay may be typed and should not be longer than five double-spaced pages. Submit your essay with your application.

- ✓ What motivated your interest to pursue post-secondary education?
- ✓ Explain the circumstances that affected your academic performance in high school.
- ✓ Describe your academic intentions and your career goals.
- ✓ Based on what you know about the Educational Opportunity Program, how do you think the program will benefit you?

Applicant's Name: _____

Date: _____

Applicant's Signature: _____

Part V - Checklist

** If you filled out this form on your computer, be sure to SAVE this document as a PDF on your computer. Please send your completed Educational Opportunity Program application and all related documents to the Ammerman Campus EOP office address or fax number listed on the first page. You can also email it in PDF format to eop-ammr@sunysuffolk.edu.*

- Is the information on the application complete and accurate?
- Are the last four of your Social Security number correct?
- Is the letter of recommendation from your guidance counselor/agency included with the application?
- Did you remember to sign this form?
- Please return the attached form to the Ammerman Campus along with:
 - ✓ All required documentation, such as: copies of your taxes and IRS tax transcript to verify your income eligibility. (see page 6 for directions on obtaining IRS tax transcripts).
 - ✓ Child support documentation is required, if living with only one or no biological parent(s). You may request this document from our office by calling 631-451-4356.
 - ✓ Recommendation from your high school counselor (see page 8) and personal essay (see page 6).

IF ANY OF THESE DOCUMENTS ARE MISSING, IT WILL DELAY THE COLLEGE'S RESPONSE TO YOUR ACCEPTANCE.

Educational Opportunity Program Expectations:

- Offered to **matriculated FULL-TIME STUDENTS ONLY.**
- **NEW STUDENTS MUST ATTEND A FOUR-TO FIVE-WEEK SUMMER ENRICHMENT PROGRAM BEFORE FALL SEMESTER ENROLLMENT.**
- Students must attend all of their classes each semester and monthly retention meetings.
- New students must meet with their EOP counselor weekly. Continuing students are required to meet monthly or as specified by their EOP counselor.
- Students must not withdraw from any courses without consulting with an EOP counselor, advisor, or administrator.
- Students must respond to correspondence received from the EOP office.
- Students must attend tutoring sessions unless otherwise specified by the EOP advisor.
- Students must sign a student contract which outlines their responsibilities while participating in EOP.
- Failure to comply with program expectations will result in being placed on probation or ultimately being dismissed from the program.

Educational Opportunity Program RECOMMENDATION FORM

Applicant's Name: _____

Applicant's Date of Birth: _____ Applicant's Phone Number: (____) _____

HIGH SCHOOL COUNSELOR/AGENCY PERSONNEL:

Please complete the information below. The completed form can be returned via the applicant in a sealed envelope or mailed to the following address:

Educational Opportunity Program
Huntington Library, Room 22
Suffolk County Community College
533 College Road
Selden, New York 11784

Your Name and Title: _____

Name of School/Agency: _____

Address of School/Agency: _____

City: _____ State: _____ ZIP code: _____ Telephone: (____) _____

Please indicate your association with and length of time you have known the applicant. _____

Please provide an estimate of the applicant's ability to perform at the college level. _____

Please provide any evidence that indicates the applicant's desire and ability to complete a college degree. _____

Please indicate any supportive services that the applicant may need in order to be successful in college (e.g., tutoring, counseling, remedial course work etc.).

Please use the space below to provide additional information about the applicant and his/her circumstances that you feel the college should consider in evaluating this applicant's candidacy.

Date: _____

Signature: _____