#### OPPORTUNITY SCHOLARSHIP PROGRAM

#### **Graduate Application Requirements**

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	Receive admission into NJCU's Graduate School				
	Must be a New Jersey resident for at least one year prior to beginning at NJCU				
	Must NOT have already earned a Graduate Degree				
	You must register for a minimum of 9 credits per semester to be eligible				
	Must be matriculated or have the intention to matriculate				
	Meet with Mr. Platizky or Ms. Johnson prior to submitting your application to Financial Aid. Please contact 201-200-3355 or 3319 to schedule an appointment.				
	Complete a FAFSA every year				
	First-time graduate applicants must submit a completed Graduate Application and the Federal Tax Return used to complete the FASFA to Ms. Katrina Smith-Younger in the Office of Financial Aid located in Hepburn Hall Room 215.				
	Graduate students planning to apply for loans and the EOF grant must meet with Ms. Smith-Younger in the Financial Aid office to determine how much you should request in loans in order to remain eligible for the EOF grant.				
	Renewal graduate students are only required to submit a new graduate application.				
	OSP alumni must be in good standing as an undergraduate student (e.g. compliance with OSP contract).				
PLEASE NOTE:					
	ve Spring 2015: All eligible students who apply for EOF Graduate Funds will be ered based upon the availability of funds and in the following priority order:				
Priority semeste	1 - Renewal NJCU graduate students who were funded during the previous academic er				
Priority	2 - New applicants who received EOF as undergraduate students at NJCU				
Priority 3 - New applicants who received EOF at an institution other than NJCU					
Priority 4 – New applicants who never received EOF as undergraduates, but who could be					

## Any questions, please contact any of the following:

financially eligible as graduate students.

Mr. Andrew Platizky	201-200-2300	aplatizky@njcu.edu
Ms. Dorane Johnson	201-200-3167	djohnson2@njcu.edu
Ms. Katrina Smith-Younger	201-200-2054	ksmith@njcu.edu

### Opportunity Scholarship Program 2039 Kennedy Boulevard Jersey City, NJ 07305 Vodra Hall Room 211

Phone: 201.200.3355 Fax: 201.200.2368

# $3^{\rm rd}$ Friday of September for the Fall Semester and $3^{\rm rd}$ Friday of January for the Spring Semester An incomplete application will not be processed.

**OSP/EOF** Graduate Application

Part I: To be completed by student (Please type or print legibly in Ink)							
Please check term & indicate							
Graduate Status: 1st Semester 2nd Semester 3rd Semester 4th Semester 5th Semester 6th Semester 7th Semester 8th Semester 9th Semester 10th Semester							
Semester of 1st EOF Grad. Grant: Fall 19 Spring 19 Spring 20 Spring 20							
Graduate School: New Jersey City University EOF Grad Code: 903							
Student Information:							
Last Name First Name M.I. HESAA Customer ID							
Mailing Address Apt. #							
City State Zip Code							
Home Phone # Mobile # Work #							
Email Address							
Male Female Racial/Ethnic Background:							
Length of N.J. Residency: Years Months							
Did you previously receive an EOF Graduate Grant?   Yes   No							

Revised 10/11/2016

Undergraduate History (Complete for grad	duate students receivi	ng an EOF Gra	duate Grant for the fir	rst time.)
Did you receive an EOF Grant as an	ı undergraduat	æ?:	Yes No	
Institution of Undergraduate Study			Undergraduate	e major(s)
Date of graduation: Month	Year		_	
Have you previously received a grad	duate degree?:	Yes	□ No	
If yes, indicate degree and institutio	n:			
	Degree		Graduate Insti	tution
NJCU Graduate Degree Program	D	egree Prog	gram Sought (N	M.A., PhD, etc)
# of credits required for degree #	of credits requi	red for full	-time status for	program of study
Number of credits currently or will be	taking:\$	Summer	Fall	Spring
			Month	Year
Cumulative credits earned to date	Graduate CG (Renewal Students			te of Graduation
Student Financial Information				
1. Student/Spouse's Gross Income f	for Last Year:		\$	
Source(s) of income shown above (  Earnings Social Security Income  Pension Other	check as many	apply): ] VA [ ] Di	isability 🗌 Une	employment
Total number of individuals, include their support from the income given	C			ore than 50% of
Please check that yo	ou have answe	ered all th	e questions ab	oove.
Submit this application to the N	NJCU Financ	ial Aid Of	fice Hepburn	Hall Room 215

Attention: Ms. Katrina Smith-Younger

#### NJCU OFFICE USE ONLY

3. Does this student owe a refund on a grant or sch State or Federal program through any institution	_	eceived from a
4. Is this student in default on any loan made unde assistance program at any institution?   Yes	_ ·	student financial
If the answer is YES to number 3 and/or 4, has the debt?  Yes No (Documentation of payment arrangement)		
Financial Aid Package	Summer	Academic Year
1. <u>Tuition (only)</u>	\$	\$
2.Total Budget (including Tuition):	\$	\$
3. Student's Contribution:	\$	\$
4. Parent's Contribution:	\$	\$
5.Stafford Loan:	\$	\$
6.Other Loan:	\$	\$
7. Self Help (CWS, Assistantships, etc.):	\$	\$
8. Martin Luther King PhysicDent. Scholarship:	\$	\$
9.C.Clyde Ferguson Law Scholarship: (Seton Hall Law School, Rutgers Law School Camden and Newark Only)	\$	\$
10. Other Grants/Scholarship/Fellowships (excluding EOF)	\$	\$
11. Total Financial Aid (Excluding EOF)	\$	\$
· · · · · · · · · · · · · · · · · · ·	(Sum of #3 thru #10)	(Sum of #3 thru #10)
12. Remaining Need *	\$ (#2 minus #11)	\$ (#2 minus #11)
EOF Graduate Grant Request *This request cannot exceed the maximum EOI remaining need as shown in # 12  Summer \$ Fall \$		,
Spring \$	_	
Total Request* \$	<u></u>	