



Opportunity Scholarship Program
2039 Kennedy Boulevard
Jersey City, New Jersey 07305
Vodra Hall Room 211
Phone: 201-200-3355 Fax: 201-200-2368

OSP/EOF Transfer Application

Applications are due on the 2nd Friday of August for the Fall Semester and 2nd Friday of January for the Spring Semester. Submit complete application to the OSP Office. An incomplete application will not be processed.

Part I. To be completed by the student (Please type or print legibly in ink)

Please check one and indicate year:

- Fall Year: _____
 Spring Year: _____

Last Name: _____ First Name: _____

Social Security Number: ____ - ____ - ____ NJCU Gothic ID: _____

Permanent Mailing Address: _____

Home Phone# () _____ Mobile# () _____

Work# () _____ Email: _____

Will you commute? Y/N _____ or _____ Reside on Campus? Y/N _____

Institution you are transferring from? _____

Degree when admitted to NJCU: _____ A.A _____ A.S. _____ A.A.S _____ None _____

Current/Previous EOF Counselors Name _____

Current/Previous EOF Counselor Phone# _____ Email _____

Are you a Chi Alpha Epsilon member? Yes _____ or No _____

Have you been accepted by NJCU? Yes or No _____ If yes, indicate the semester you will begin _____

Have you completed a Free Application for Federal Student Aid (FAFSA) for the current academic year?

Yes _____ or NO _____

Student's Signature _____

Date _____

Part II: To be completed by current/previous EOF Program Director/Counselor

Number of semesters student received EOF Grant (including current semester) F/T _____ P/T _____

Did the student comply with your EOF program guidelines? Yes _____ No _____

(For example, attended required EOF monthly meetings, workshops, etc.)

Do you recommend student for admission into our OSP/EOF Program? Yes _____ No _____

Explain: _____

EOF Director/Counselor Signature _____ Date _____

SUBMIT COMPLETED APPLICATION TO THE OSP DEPARTMENT VODRA HALL 211

NJCU OFFICE USE ONLY

Part III: To be completed by NJCU Financial Aid Office

1. How many semesters has the student received EOF? _____
2. Is the student eligible for an EOF Grant? Yes or No

Comments: _____

Financial Aid Officer's Signature _____ Date _____

Part IV: To be completed by the Associate Director or Transfer/Readmit Coordinator

- Student is not eligible for EOF. Letter sent to student on ____/____/____
- Student is eligible for EOF. Student assigned to: _____

Part V: To be completed by the assigned OSP/EOF Counselor.

- Student scheduled for an interview on: ____/____/____
- Student Transfer Evaluation on file
- EOF Transfer form on file

Student has been: Accepted _____ Rejected _____ Accepted as Non Funded _____

Reason: _____

OSP Counselor's Signature _____ Date: ____/____/____