

**EOF GRADUATE GRANT PROGRAM**  
**Academic Year 2016-2017**  
**Payment Request & Information Form Instructions**

**WE STRONGLY SUGGEST THAT YOU PRINT OUT THESE INSTRUCTIONS BEFORE ENTERING ANY INFORMATION.**

**Questions about the submission of applications can be addressed to  
Shakia Williams at (609) 984-2631 or at [shakia.williams@oshe.nj.gov](mailto:shakia.williams@oshe.nj.gov)**

The EOF Graduate GRANT payment request form is being sent to you via e-mail as an Access Data Collection Form. **In order to submit a graduate grant application for a student, open the e-mail, and click the “reply” button as you would when responding to an email message. Then answer all of the questions in the form, and click the “send” button. The completed application will be sent back to the OSHE/EOF Office and automatically entered in our database. To submit another application, simply click the “reply” button again.**

For your records, you can print each graduate application you submit, before you click the “send” button or go to the “sent items” in your email and print each application after you submit it.

**NOTE: If an error is made in the submission of the application, DO NOT RESUBMIT the application. Please contact Shakia Williams for instructions.**

**GENERAL INSTRUCTIONS:**

All requests for EOF graduate grants must adhere to EOF Regulations N.J.A.C. 9A:11-3.1 through 3.6.

If a student did not receive EOF as an undergraduate, evidence of historical poverty and/or eligibility for EOF must be maintained in the institution’s files and made available to OSHE/EOF upon request.

If your institution does not use credits to determine full-time enrollment status, please provide an explanation of the method used by sending an e-mail to Shakia Williams.

All questions must be completed before the application will be considered complete.

**If a question is not applicable, please leave it blank.**

If a value is zero, please indicate \$0.

The EOF Graduate Grant being requested may not exceed the remaining need, nor may it exceed the maximum grant allowed for your sector as shown in the table below.

**EOF Graduate Grant Amounts**

	<u>Semester Maximum</u>	<u>Annual Maximum</u>
State Colleges & Universities	\$1,150	\$2,300
Independent Colleges & Universities	\$1,425	\$2,850
Public Research Universities	\$1,425	\$2,850
Bio-Medical & Health Sciences Schools	\$2,175	\$4,350

The minimum graduate grant award a student may receive is \$200 for the academic year.

**INSTITUTION:** Enter the name of the institution the student is attending.

Caldwell University  
College of Saint Elizabeth  
Drew University  
Fairleigh Dickinson University-Florham/Madison  
Fairleigh Dickinson University-Metropolitan  
Felician University  
Georgian Court University  
Kean University  
Monmouth University  
Montclair State University  
New Jersey City University  
New Jersey Institute of Technology  
Rider University  
Rowan University-Graduate  
Rowan University-Bio-Medical  
Rutgers University-Graduate  
Rutgers University-Bio-Medical  
Saint Peter's University  
Seton Hall University  
Seton Hall University School of Law  
Steven's Institute of Technology  
Stockton University  
The College of New Jersey  
William Paterson University of New Jersey

**RUTGERS GRAD SCHOOL:** If the student is attending Rutgers, please enter the appropriate graduate school.

A&S Camden  
A&S New Brunswick  
A&S Newark  
Bio-Medical Sciences  
Bloustein  
Camden Law  
Criminal Justice  
Dental  
Education  
Engineering  
Health Related Professions  
Library Services  
Management  
Mason Gross  
Medical  
Newark Law  
Newark School of Business  
Pharmacy  
Psychology  
Public Affairs/Administration  
Public Health  
Robert Wood Johnson

School of Nursing  
Social Work

**LAST NAME, FIRST NAME, MI:** Enter student's name.

**HESAA CID#:** The HESAA CID (Customer ID) is a unique number assigned to each student as an identifier instead of using a student's social security number. This number can be found in the student's file in e-ADMINISTRATOR.

**RACE:** Provide student's racial/ethnic background.

Black or African American  
American Indian or Alaska Native  
Asian  
Hispanic, of any race  
White  
Native Hawaiian or Other Pacific Islander  
Two or more Races  
Race and Ethnicity Unknown

**CURRENT ADDRESS, CITY, STATE, ZIP CODE:** Provide student's current complete address,

**LENGTH OF NJ RESIDENCY:** Please provide the number of years and months the student has been a NJ resident.

**GENDER:** Enter the student's gender.

**SEMESTER(S) OF AY 16-17 ATTENDANCE:** Indicate the semester(s) for which the EOF graduate grant is being requested.

Fall 2016 and Spring 2017  
Fall 2016 ONLY  
Spring 2017 ONLY

**HAS STUDENT PREVIOUSLY RECEIVED THE EOF GRADUATE GRANT?** Please answer YES or NO.

**IF YES, # OF PREVIOUS SEMESTERS:** Indicate the number of semesters the student has previously received the EOF graduate grant.

**IF PREVIOUSLY RECEIVED, SEMESTER OF FIRST PAYMENT RECEIVED:** If the student previously received the EOF graduate grant, enter the semester and year the student received his/her first EOF graduate grant payment. For example: Fall 2014.

**DID STUDENT RECEIVE EOF AS AN UNDERGRADUATE?** Please answer YES or NO

**IF YES, UNDERGRADUATE SCHOOL:** If the student did receive undergraduate EOF, please indicate at which institution.

**CSS CODE:** Provide the CSS code of the undergraduate school.

**UNDERGRADUATE MAJOR:** Enter the student's undergraduate major

**DATE OF UNDERGRADUATE GRADUATION:** Enter the month and year of the student's undergraduate graduation.

**HAS STUDENT PREVIOUSLY RECEIVED A GRADUATE DEGREE?** Please indicate if the student has previously received a graduate degree.

**IF YES, INDICATE DEGREE RECEIVED:** Provide the graduate degree the student previously received.

**IF YES, WHICH GRADUATE INSTITUTION:** If the student did previously receive a graduate degree, indicate the institution where the student received the degree.

**CURRENT GRADUATE DEPARTMENT:** Enter the student's current graduate department.

**CURRENT DEGREE PROGRAM:** Enter degree program in which the student is currently enrolled.

**# OF CREDITS REQUIRED FOR DEGREE:** Enter the number of credits required to complete the degree.

**# OF CREDITS REQUIRED FOR FULL-TIME STATUS:** Enter the number of credits the institution requires for full-time enrollment status.

**# CREDITS TAKING IN FALL SEMESTER:** Enter the number of credits the student is enrolled for the fall semester.

**# CREDITS TAKING IN SPRING SEMESTER:** Enter the number of credits the student is enrolled for the spring semester.

**# CUMULATIVE CREDITS EARNED TO DATE:** Enter the cumulative number of credits the student has earned towards the graduate degree.

**CUMULATIVE GRADUATE GPA:** Provide the student's cumulative graduate GPA

**EXPECTED DATE OF COMPLETION/GRADUATION:** Provide the expected date the student will graduate. Example: May 2017.

**STUDENT/SPOUSE GROSS INCOME LAST YEAR:** Enter the student's (if single) and/or student and spouse's gross income for 2015.

**SOURCES OF INCOME:** Enter the source(s) of the student/spouse income indicated above (Earnings, Social Security, Welfare, VA Benefits, Disability, Unemployment, Pensions, Other (describe)).

**HOUSEHOLD SIZE:** Enter the total number of individuals, including head of household, who receive more than 50% of their support from the income reported above.

**DOES THIS STUDENT OWE A REFUND ON ANY GRANT OR SCHOLARSHIP?** Indicate if a refund is owed on any state or federal grant/scholarship. Enter yes or no.

**IS THIS STUDENT IN DEFAULT ON ANY LOAN?** Enter yes or no.

**IF YES, HAS STUDENT MADE ARRANGEMENTS TO REPAY?** Enter yes or no.

**TUITION ONLY:** Please provide the tuition being charged for the academic year or the semester of attendance if only attending one semester.

**TOTAL BUDGET (INCLUDING TUITION):** Please provide the student's entire college budget (including tuition) for the academic year or the semester of attendance if only attending one semester.

**STUDENT'S CONTRIBUTION:** Please provide the student's monetary contribution for the academic year or the semester of attendance if only attending one semester.

**STAFFORD LOAN:** Please indicate the value of a Stafford loan the student may be receiving for the academic year or the semester of attendance if only attending one semester.

**OTHER LOAN(S):** Please indicate the value of any other loan(s) the student may be receiving for the academic year or the semester of attendance if only attending one semester.

**STUDENT CONTRIBUTION (CWS, ASSISTANTSHIP, ETC.):** Please provide the value of any self-help the student may be receiving for the academic year or the semester of attendance if only attending one semester.

**OTHER GRANTS/SCHOLARSHIPS/FELLOWSHIPS:** Please provide the value of any other grants/scholarships/fellowships the student may be receiving for the academic year or the semester of attendance if only attending one semester.

**TOTAL FINANCIAL AID + STUDENT CONTRIBUTION:** Provide the total aid (student's contribution, Stafford loan, other loans, self-help, other grants) the student will be receiving for the academic year or the semester of attendance if only attending one semester. Do not include the requested EOF Graduate grant amount in this total.

**REMAINING NEED:** Provide the student's remaining need by subtracting the TOTAL FINANCIAL AID + STUDENT CONTRIBUTION from the TOTAL BUDGET (INCLUDING TUITION.)

**\*FALL SEMESTER REQUEST:** Enter the amount of the EOF Graduate Grant you are requesting for the fall semester.

**\*SPRING SEMESTER REQUEST:** Enter the amount of the EOF Graduate Grant you are requesting for the spring semester.

**\*TOTAL SEMESTER REQUEST:** Enter the amount of the total EOF Graduate Grant you are requesting for both semesters.

**\*NOTE: The amount of the EOF graduate grant request cannot exceed the applicant's remaining need or the maximum allowable grant for your sector of higher education.**