EOF GRADUATE GRANT PROGRAM
Academic Year 2019-2020
Payment Request & Information Form Instructions

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

Questions about the submission of applications can be directed to Shakia Williams at (609) 984-2631 or at shakia.williams@oshe.nj.gov.

The EOF Graduate GRANT payment request form is being sent to you via e-mail as a .pdf attachment. In order to submit a graduate grant application for a student, the form must be completed properly. The completed application must be sent back to the OSHE/EOF Office by the identified deadline. Incomplete and late applications will not be accepted.

**Graduate Grant Application Deadlines:**

AY 2019-2020 (Fall 2019 & Spring 2020) Graduate Grant Applications* = Monday, 9/30/2019

Spring Only Graduate Grant Applications* = Friday, 1/31/2020

(* = Late & Incomplete Applications will not be accepted.)

**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 as outlined in N.J.A.C. 9A:11-2.2(b) 1-5 and any other documentation that would have qualified the student to be eligible for EOF must be maintained in the institution’s files and made available to OSHE/EOF upon request. Please note that applicants who filed their FAFSA as a “dependent” student during their undergraduate tenure do not automatically qualify due to their now being able to self-identify as an “independent” student when filing their FAFSA for graduate school purposes. Evidence of historical poverty as outlined in N.J.A.C. 9A:11-2.2(b) 1-5 and any other documentation that would have qualified the student to be eligible for EOF must be provided to the institution for their review before the EOF Graduate Application Deadline.

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.

<table>
<thead>
<tr>
<th>EOF Graduate Grant Amounts</th>
<th>Semester Maximum</th>
<th>Annual Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Colleges &amp; Universities</td>
<td>$1,225</td>
<td>$2,450</td>
</tr>
<tr>
<td>Independent Colleges &amp; Universities</td>
<td>$1,500</td>
<td>$3,000</td>
</tr>
<tr>
<td>Public Research Universities</td>
<td>$1,500</td>
<td>$3,000</td>
</tr>
<tr>
<td>Bio-Medical &amp; Health Sciences Schools</td>
<td>$2,250</td>
<td>$4,500</td>
</tr>
</tbody>
</table>

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

**INSTITUTION:** Please select from the drop-down menu.

**RUTGERS GRAD SCHOOL:** If the student is attending Rutgers, please select the appropriate graduate school from the drop-down menu.

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

**NJHESAA ID#:** The NJHESAA 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 on the New Jersey Financial Aid Management System (NJFAMS).

**RACE:** Please select an option from the drop-down menu. If “Other” is selected, please use the text box that immediately lies beneath this selection to write-in how the student self-identifies.

**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. Enter the information in the following format: XX years and YY months.

**GENDER:** Please select an option from the drop-down menu. If “Other” is selected, please use the text box that immediately lies beneath this selection to write-in how the student self-identifies.

**SEMESTER(S) OF AY 19-20 ATTENDANCE:** Please select an option from the drop-down menu.

**HAS STUDENT PREVIOUSLY RECEIVED THE EOF GRADUATE GRANT?** Select YES or NO from the drop-down menu.

**IF YES, # OF PREVIOUS SEMESTERS:** Select the number of semesters the student has previously received the EOF graduate grant from the drop-down menu.

**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.

**DID STUDENT RECEIVE EOF AS AN UNDERGRADUATE?** Please select YES or NO from the drop-down menu.

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

**UNDERGRADUATE MAJOR:** Enter the student’s undergraduate major
**DATE OF UNDERGRADUATE GRADUATION:** Enter the month and year of the student’s undergraduate graduation. Enter the information in the following format: mm/yy.

**HAS STUDENT PREVIOUSLY RECEIVED A GRADUATE DEGREE?** Please select YES or NO from the drop-down menu.

**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.

**FALL ENROLLMENT - # OF CREDITS:** Enter the number of credits the student is enrolled for the fall semester.

**SPRING ENROLLMENT - # OF CREDITS:** 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.

**STUDENT (AND SPOUSE) GROSS INCOME for 2017:** Enter the gross income for 2017 for the student (if single) or the combined gross income for the student and their spouse (if married).

**SOURCES OF INCOME:** Select the source of the student/spouse income indicated above from the drop-down menu (Earnings, Social Security, Welfare, Veteran Benefits, Disability, Unemployment, Pensions, Other).

**TOTAL ASSETS ($):** Total Assets cannot exceed 20% of the EOF Income Eligibility Scale. EOF Income Eligibility Scale: [http://www.state.nj.us/highereducation/EOF/EOF_Eligibility.shtml](http://www.state.nj.us/highereducation/EOF/EOF_Eligibility.shtml)

Assets include the following: Student Cash/Savings/Checking; Student Investments; Adjusted Student Business/Investment Farm. Information must be verified via student’s tax information.

To calculate the Adjusted Student Business/Investment Farm, EOF calculates:
- 40% of net worth if it is between $1 and $130,000;
- $52,000 + 50% of the net worth over $130,000 if it is between $130,001 and $385,000;
- $179,500 + 60% of the net worth over $385,000 if it is between $385,001 and $640,000;
- $332,000 + 100% of the net worth over $640,000 if it is over $640,001.
**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. Select yes or no from the drop-down menu.

**IS THIS STUDENT IN DEFAULT ON ANY LOAN?** Select yes or no from the drop-down menu.

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

**TUITION ONLY**: Please provide the tuition being charged for the academic year. If the student is only attending for one semester, please only indicate the tuition charged for that term.

**TOTAL COST OF ATTENDANCE (INCLUDING TUITION, FEES, ROOM, BOARD, & COMMUTING COSTS)**: Please provide the student’s full cost of attendance (including tuition, fees, room, board & commuting costs) for the academic year. If the student is only attending for one semester, please only indicate the cost of attendance for that term.

**STUDENT’S CONTRIBUTION**: Please provide the student’s monetary contribution for the academic year. If the student is only attending for one semester, please only indicate the student’s contribution for that term.

**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.

**COLLEGE WORK STUDY (CWS), ASSISTANTSHIP, ETC.**: Please provide the value of any CWS or assistantships 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, college work study, assistantships, 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 COST OF ATTENDANCE.

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

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

**TOTAL EOF GRADUATE 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.
EOF GRADUATE GRANT FINANCIAL ELIGIBILITY

Per section 9A:11-3.1 of the EOF Regulations, the purpose and intent of the EOF Graduate Grant is to help increase the participation of New Jersey residents from backgrounds of historical poverty in graduate and professional study. Priority in granting EOF graduate grants shall be given to students who received EOF undergraduate grants.

Eligible students shall have economic backgrounds that reflect a history of poverty as described in N.J.A.C. 9A:11-2.2(b) 1 through 5. As noted within HESAA regulations 9A:2.2 (Residency), students must be legal residents of New Jersey for a period of not less than 12 consecutive months immediately prior to the academic period for which aid is being requested. The residence of a student is defined in terms of domicile. Domicile is defined as the place where a person has his or her true, fixed, permanent home and principal establishment, and to which, whenever her or she is absent, he or she has the intention of returning. A student may not establish State residence solely for the purposes of attending a particular college and will not be considered as fulfilling the definition of domicile for the purposes of State student financial aid. Institutions that certify a student’s state of legal residence shall maintain documentation concerning the student’s New Jersey residency and shall provide this certified documentation, if requested by the EOF Central Office.

To be initially eligible for an EOF Article III graduate student grant, a student must demonstrate that they:

1. Meets N.J.A.C. 9A:9-2.2 and 2.3, which are the Tuition Aid Grant and Garden State Scholarship programs' rules governing residency, and noncitizens and resident aliens, respectively;


3. Is or will be a full-time graduate student as defined by the institution offering the graduate program of study; and

4. Is admitted to and enrolled full-time as defined by the participating institution in a curriculum leading to a graduate degree or certificate at an institution participating in the Fund, provided that the student has not already received a graduate or professional degree at the same level of study for which he or she is applying. Graduate degree and certificate programs must have a minimum requirement equivalent to 24 semester hours and be at least one academic year in duration.

Students shall not receive assistance under the programs administered by the Board if they owe a refund on a grant or scholarship previously received from a State or Federal program through any institution or are in default on any loan made under any State or Federal student financial assistance program at any institution. However, such students may receive State financial assistance if they make satisfactory repayment arrangements with the appropriate office.

Students attending out-of-State institutions are not eligible for Article III graduate grants.

Students shall not receive an initial graduate grant in their last semester of enrollment.

DURATION OF EOF GRADUATE STUDENT ELIGIBILITY

Information regarding the duration of EOF Graduate Grant Eligibility can found within section 9A:11-3.5 of the EOF Regulations.

EOF Regulations:
EOF GRADUATE GRANT APPLICATION DEADLINE REMINDER:

Academic Year (Fall 2019 & Spring 2020 Semesters) Graduate Grant Applications* = Sept. 30, 2019

Spring Only Graduate Grant Applications* = Jan. 31, 2020

(* = Late & Incomplete Applications will not be accepted.)

Applications must be submitted by the EOF campus program graduate grant administrator to:

Ms. Shakia Williams at shakia.williams@oshe.nj.gov.

Please also copy your institution’s respective EOF campus program liaison (either Dr. Stephanie Shanklin (stephanie.shanklin@oshe.nj.gov) or Dr. Hasani Carter (hasani.carter@oshe.nj.gov)) when sending this information.

Please see the following URL for EOF Campus Program Liaison Assignments: