

EDP Eligibility Information Form

State University of New York at Fredonia
Educational Development Program



Instructions Please take time to complete this form carefully. Please make sure that all the information you provide is accurate. It is important that the telephone number provided on this page is correct and that you can be reached at this number if we need to contact you.

Make Additional Copies After completing this section and reviewing your responses, you must make photocopies. Please send the original to SUNY Fredonia and keep one for your records. Please see your guidance counselor for additional help in completing this form.

Applicant Profile

1. Name _____

2. Date of Birth (mm/dd/yyyy) _____ / _____ / _____

3. Street Address _____
City _____ Zip Code _____

4. Home telephone number (_____) _____ - _____
Alternative number/cell phone (_____) _____ - _____
Email Address: _____

5. Please check **Yes** or **No** to each of the following questions: **YES** **NO**

A-Are you a veteran or in active duty of the U.S. armed forces? ___ ___

B-Are you married? ___ ___

C-Are you an emancipated minor as determined by the court? ___ ___

D-Are you in legal guardianship as determined by the court? ___ ___

E-Are you an unaccompanied homeless youth? ___ ___

F-At age 13 or older, were both your parents deceased, were you in foster care or were you a ward of the court? ___ ___

G-Are you supporting a dependent? ___ ___

H-Are your parents married? ___ ___

6. How many members are there in your household, including yourself? _____

7. Please list each household member's name and relationship to you. Please only list family members that live in your household for whom your parent(s)/guardian(s) provide for more than half of their support.

<u>Name</u>	<u>Relationship to you</u>	<u>Age</u>
1. _____	Self	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

8. Family Income - Please fill in the following. If necessary, use estimated amounts. All amounts should be for the year.

	<u>Parent(s)</u>	<u>Student/Spouse</u>
A. Wages/ Salary	\$ _____	\$ _____

If applicable, please submit pgs. 1 and 2 of last year's parent's or parents' Federal tax return(s).

B. Interest Income	\$ _____	\$ _____
C. Business Income	\$ _____	\$ _____
D. Social Services	\$ _____	\$ _____
E. Social Security	\$ _____	\$ _____

Please submit prior year SSA-1099 benefit statement for every member of household that receives social security.

F. Child Support	\$ _____	\$ _____
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If you live with a single parent, please provide documentation for child support (e.g. divorce decree, notarized statement). If your parent did not receive child support, please have your parent submit a **notarized** statement stating that they do not receive any form of child support.

G. Other Untaxed Income	\$ _____	\$ _____
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Please specify what this income is: _____

(e.g. worker's compensation, unemployment, non-social security disability)

H. TOTAL Family (Parent(s) and Spouse) taxable and non-taxable income for year	_____ = \$ _____
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9. Do you or your family own a business or other real estate property?

Yes _____ No _____

10. Are you currently taking or have you taken any AP, IB, or college-level courses? _____ YES _____ NO.

Please make sure all information is accurate.

Applicant's Signature

Date

Regarding the financial portion of your application:

*Please submit **documentation** for all forms of income received for the previous year. **For example**, if you are applying for admittance for fall **2010**, please submit documentation for all income received in **2009**.*

*If you believe you may file as an **independent student**, please call the Financial Aid Office at 716-673-3253 or the Office of Admissions at 1-800-252-1212 for further instruction.*

Return this form to: Admissions EDP Counselor · Fenner House · Admissions Office · SUNY Fredonia · Fredonia, NY 14063