



# EDP Eligibility Information Form

State University of New York at Fredonia  
Educational Development Program

**Instructions** Please take time to **FILL OUT THIS FORM COMPLETELY AND 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 form.**

After completing this section and reviewing your responses, you must make photocopies.

Please send the original to 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:

A-Are you a veteran or in active duty of the U.S. armed forces?  Yes  No

B-Are you married?  Yes  No

C-Are you an emancipated minor as determined by the court?  Yes  No

D-Are you in legal guardianship as determined by the court?  Yes  No

E-Are you an unaccompanied homeless youth?  Yes  No

F-At age 13 or older, were both your parents deceased, were you in foster care or were you a ward of the court?  Yes  No

G-Are you supporting a dependent?  Yes  No

H-What is the current marital status of your parents?

Married  Single/Never Married  Divorced  Separated  Widowed

I-Date of Marital Status (mm/yyyy): \_\_\_\_\_

J-Who provided your financial support during the past 12 months?

Both parents  Only father  Only mother  Other: \_\_\_\_\_

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.

Name	Relationship to you	Age	Employment Status	Dependent on the same income that supports you?
7-1. _____	Self	_____	Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
7-2. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 7-3. \_\_\_\_\_  Yes  No  
 7-4. \_\_\_\_\_  Yes  No  
 7-5. \_\_\_\_\_  Yes  No  
 7-6. \_\_\_\_\_  Yes  No  
 7-7. \_\_\_\_\_  Yes  No

**8. Family Income** - Please fill in the following. If necessary, use estimated amounts. All amounts should be for the full calendar year (January-December).

**Parent(s) Student/Spouse**

**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** \$ \_\_\_\_\_ \$ \_\_\_\_\_

If you live with a single parent, please provide documentation for child support (e.g. divorce decree). 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** \$ \_\_\_\_\_ \$ \_\_\_\_\_

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)**

=

\$ \_\_\_\_\_

**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 questions are answered and information is accurate.**

Applicant's Signature Date \_\_\_\_\_

Regarding the financial portion of your application:

Please submit **documentation** for all forms of income received for **2019**. For example, if you are applying for admittance for fall **2021**, please submit documentation for all income received in **2019**. **EDP uses a prior-prior year to verify a student's financial eligibility.** You may fax information to Admissions at 716-673-3249.

Contact the Office of Admissions at 1-800-252-1212 or 716-673-3251 for further instruction.

**Return this form to: Admissions EDP Counselor · Maytum Hall ·**

**Admissions Office · 280 Central Avenue · State University of New York at Fredonia · Fredonia, NY 14063**