EDUCATIONAL OPPORTUNITY PROGRAM (EOP) VERIFICATION FORM
FOR UNDERGRADUATE PROGRAMS

Applicants must be residents of New York State
Please read SUNY Downstate Medical Center’s EOP eligibility criteria before proceeding to fill out this application.

Eligibility

1. Applicants must have been previously enrolled in EOP/SEEK/HEOP/College Discovery.
2. Applicants must submit a signed Verification Form from the institution where they attended as an EOP/SEEK/HEOP/College Discovery student. This completed form must be authenticated (Prior College’s stamp/seal) by the applicant’s EOP/SEEK/HEOP/College Discovery Coordinator/Supervisor/Verifier.
3. Applicants with a Baccalaureate degree are ineligible for EOP/SEEK/HEOP/College Discovery
4. Applicants are only eligible for 10 semesters of EOP/SEEK/HEOP/College Discovery.
5. You must apply for financial aid at SUNY Downstate.

If you are accepted for admission at SUNY Downstate, all sections of the EOP Application Verification Form must be completed and returned 30 business days prior to your registration date at SUNY Downstate, in order to be considered for EOP benefits.

Student Information (must be a current resident of New York State to retain eligibility)

Last Name _______________________________ First Name _______________________________ Middle Name _______________________________

SSN# or student ID _______________________________ Last Date of Attendance _______________________________ Date of Birth _______________________________

☐ Male ☐ Female

Street _______________________________ Apt. _______________________________

City _______________________________ State _______________________________ Zip _______________________________

Telephone (Day) _______________________________ Telephone (Evening) _______________________________ Telephone (Cellular) _______________________________

Have you received a bachelor’s degree: ☐ Yes ☐ No
It is important that all sections are complete where appropriate.

### Section 1. To be completed by the Student (Applicant)

I was enrolled in:  
- EOP  
- HEOP  
- SEEK/CD

Previous (most recent) EOP/HEOP/College Discovery/SEEK Institution Information

<table>
<thead>
<tr>
<th>Name of Institution</th>
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<tbody>
<tr>
<td>City</td>
<td></td>
<td>State</td>
<td>Zip</td>
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This institution’s academic year is based on:  
- Semesters  
- Trimesters  
- Quarters

Year of Admission:  
- Fall  
- Spring  
- Summer

I applied for SUNY Downstate Financial Aid on  
Date

### Section 2. To be completed by prior institution’s EOP/SEEK/HEOP/College Discovery Coordinator

Name of EOP/SEEK/HEOP Coordinator/Supervisor/Verifier  
Title

- Yes, Student did participate in  
  - EOP  
  - HEOP  
  - SEEK/CD

- No, Student did not participate in EOP/SEEK/HEOP

Total Number of Semester’s Student Received EOP/HEOP/SEEK:  

In order to be considered for financial aid grant/scholarship, this form must be completed as soon as possible and no later than 30 business days before SUNY Downstate’s registration date to:

**SUNY Downstate Medical Center**  
**Office of Student Admissions**  
**450 Clarkson Avenue, Box 60**  
**Brooklyn, NY 11203**  
**fax: (718) 270-4775**

### THIS SECTION IS FOR OFFICE USE ONLY

Date form received by Admissions:  

Student was accepted to ______________________ Program on ________________ date for entry ________________

Applicant Has Applied for SUNY Downstate Financial Aid:  
- Yes  
- No

Financial Aid Grant/Scholarship:  
- Approved  
- Denied

Signature  
Date

If approved, Banner screen updates on SGGASTNS made by:

Signature  
Date

Date completed form returned to Admissions for Applicant admissions file:  