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

Name of Institution

City  State  Zip

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 ____________________________

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

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

Yes, Student did participate in EOP  HEOP  SEEK/CD

Dates of Enrollment: ____________________________

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: ____________________________