

## Returning EOP Student Information Sheet

The information you provide to us will allow the EOP Office to reactivate your participation in EOP. **This form must be returned in order for us to finalize your EOP reactivation and funding.** Please complete all sections of this form. If you have questions, call (585) 785-1267 or e-mail eop@flcc.edu.

Name \_\_\_\_\_ Social Security or FLCC ID # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Please mark the appropriate boxes.

Y N

- I am currently a New York State resident.
- I am in default on a federal student loan.
- I have filed or will file the Free Application for Federal Student Aid (FAFSA) (please give date filed/will file \_\_\_\_\_.)
- I have attended another college since I left FLCC. If yes, List all colleges attended, terms attended, and whether you participated in EOP, HEOP, SEEK/College Discovery, or a similar Opportunity Program.

College: \_\_\_\_\_ Terms: \_\_\_\_\_ (H)EOP? (Y/N) \_\_\_\_\_

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College: \_\_\_\_\_ Terms: \_\_\_\_\_ (H)EOP? (Y/N) \_\_\_\_\_

College: \_\_\_\_\_ Terms: \_\_\_\_\_ (H)EOP? (Y/N) \_\_\_\_\_

I have earned the following degrees since leaving FLCC:

\_\_\_\_\_ Associate's degree

\_\_\_\_\_ Bachelor's degree

I understand that the goal of EOP is to support my success at FLCC, and that I am expected to cooperate with the EOP Office as an active participant in the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to:**

Office of the Educational Opportunity Program  
Finger Lakes Community College  
3325 Marvin Sands Drive  
Canandaigua, NY 14424-8395