



**MONMOUTH  
UNIVERSITY**

EDUCATIONAL OPPORTUNITY FUND PROGRAM

### **EOF Transfer Application**

**Applications are due on the  
2<sup>nd</sup> Friday of August for the Fall Semester and 2<sup>nd</sup> Friday of January for the Spring Semester**

**Submit complete application to the:  
Educational Opportunity Fund Program  
400 Cedar Avenue  
West Long Branch, New Jersey 07764  
Phone: 732-571-3462 Fax: 732-263-5125**

***Part I: To be completed by the student (Please type or print legibly in ink)***

Please check one and indicate year: I am applying for the Fall      Spring      Year:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Permanent Mailing Address

\_\_\_\_\_  
Apt. #/Floor

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(      )  
Home Phone #

(      )  
Mobile #

(      )  
Work #

\_\_\_\_\_  
Email

\_\_\_\_\_  
Will you commute      or Reside on Campus

\_\_\_\_\_  
Institution you are transferring from

A.A.      A.S.      A.A.S.      None  
\_\_\_\_\_  
Degree when admitted to Monmouth University

\_\_\_\_\_  
Current/Previous EOF Counselor's Name

(      )  
\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

Have you been accepted by Monmouth University? Yes      No      If yes, indicate the semester you will begin \_\_\_\_\_

Have you completed a Free Application for Federal Student Aid (FAFSA) for the current academic year? Yes      No

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

***Part II: To be completed by current/previous EOF Program Director/Counselor***

Number of semesters student received EOF grant (including current semester)

Full Time\_\_\_\_\_ Part Time \_\_\_\_\_

Did the student comply with your EOF program guidelines? Yes No

***(For example, attended required EOF monthly meetings, workshops, etc.)***

Do you recommend student for admission into our EOF Program? Yes No

If “no” please explain

Explain:

\_\_\_\_\_  
EOF Director/Counselor Signature

\_\_\_\_\_  
Date

**SUBMIT COMPLETED APPLICATION TO THE EOF DEPARTMENT BUILDING 600**

**MONMOUTH UNIVERSITY OFFICE USE ONLY**

***Part III: To be completed by Monmouth University Financial Aid Office.***

1. How many semesters has the student received EOF?

2. Is the student eligible for an EOF grant?

**Comments:**

\_\_\_\_\_  
Financial Aid Officer's Signature

\_\_\_\_\_  
Date

***Part III: To be completed by the Director or Designee***

Student is not eligible for EOF. Letter sent to student on:

Student is eligible for EOF. Student assigned to:

***Part IV: To be completed by the assigned EOF counselor. Check the following:***

Student scheduled for an interview on:

Student transfer evaluation on file

EOF transfer form on file

Student has been: Accepted

Accepted as Non Funded\*

Other\*

**Reason (must be completed for all \*):**

\_\_\_\_\_  
EOF Counselor's Signature

\_\_\_\_\_  
Date