



Westchester
Community College
State University of New York

WESTCHESTER COMMUNITY COLLEGE

Academic Year _____

Acceptance WCC _____ EOP _____

Fall _____ Spring _____

Educational Opportunity Program

APPLICATION/DATA SHEET

NAME _____ SS# _____

ADDRESS _____

City _____ State _____ Zip _____

PHONE: (h) _____ (c) _____ (w) _____

EMAIL ADDRESS: _____

SEX _____ AGE _____ D.O.B. _____

RACE:

White (non-Hispanic): _____ Black (non-Hispanic): _____ Puerto Rican: _____

Other Hispanic: _____ Native American: _____ Asian or Pacific Islander: _____

OFFICIAL EOP USE

First-time Student _____

Re-Admit Student _____

Transfer Student _____

Federal Taxes _____

State Taxes _____

P.A. Budget Sheet _____

Social Security Income _____

College Transcript _____

EOP Verification Form _____

High School Diploma _____

High School Transcript _____

GED _____

FINANCIAL DATA:

GROSS INCOME _____ PA _____

S.S. _____ WARD of STATE _____

FINANCIAL STATUS: INDEPENDENT _____ DEPENDENT _____

NO. of DEPENDENTS _____ HOUSEHOLD SIZE _____

ACADEMIC DATA:

FULL TIME _____ PART TIME _____

H.S. _____ DATE GRADUATED _____

HIGH SCHOOL AVG. _____ GED: (date) _____

OFFICIAL USE

TEST SCORES: Essay _____ E-Code _____ Reading _____ Arithmetic _____ Algebra _____ Sentence _____