

SETON HALL LAW

The 2024-25 Educational Opportunity Fund (EOF) Application

Application Deadline: July 17, 2024

Eligibility: To be considered for EOF funding you must,

- Demonstrate an educationally and economically disadvantaged background.
- Be a New Jersey resident (for 12 consecutive months prior to entering Seton Hall Law).
- Complete a **Free Application for Federal Student Aid (FAFSA)** or **New Jersey Alternative Financial Aid Application (NJAFSA)**
- Be a full-time graduate student (defined as 9 credits per semester.)
- Meet the financial eligibility criteria listed below.

EOF Income Eligibility Scale – Academic Year 2024-25

Applicants with a Household Size of	Gross Income* Not to Exceed	Maximum Asset* Not to Exceed
1	\$29,160	\$5,832
2	\$39,440	\$7,888
3	\$49,720	\$9,944
4	\$60,000	\$12,000
5	\$70,280	\$14,056
6	\$80,560	\$16,112
7	\$90,840	\$18,168
8	\$101,120	\$20,224

**If household size exceeds eight (8), increase the gross income by \$10,280 for each additional family member, and the maximum asset cap by \$2,056 for each additional family member.*

Applicant Checklist

If you are a first time EOF applicant at Seton Hall Law and previously received EOF as an undergraduate:

- Attach an EOF Verification Letter from your undergraduate EOF Office.
- Submit copies of **your and your parent(s)/guardian(s)** signed federal income tax transcripts for 2023 and 2022. If you or your parents(s)/guardian(s) receive public assistance, social security, or disability benefits, please provide documentation of the total received for all years.

If you are a first-time applicant at Seton Hall Law, but did not receive EOF previously:

- Submit copies of you and your parent(s)/guardian(s) signed **federal** income tax transcripts for 2023, 2022, 2021, and 2020. Please include all schedules. If you or your parents(s)/guardian(s) receive public assistance, social security, or disability benefits, please provide documentation of the total received for all years.

Seton Hall Law students who received EOF last year:

- Students who received an EOF grant for the previous semester will automatically have the EOF grant renewed provided they still meet eligibility guidelines. Please submit copies of **your and your spouse's** signed federal income tax transcripts for 2022. Students will be contacted if additional information is needed.

We reserve the right to request additional information to prove your eligibility for the EOF grant.

Instructions for upload

Due to privacy issues, we are unable to accept your documents via email.

Please submit all documents in using our secure upload portal below.

https://setonhall.formstack.com/forms/financial_aid_office_document_submission

The 2024-25 Educational Opportunity Fund (EOF) Application

Student Information:

Name: _____ DOB: _____ Last 4 of SSN: _____

Address: _____ SHU ID: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell phone: _____ Email: _____

Year/Division in Law School as of Fall 2024 (ex: 2L/FT) _____

Name of Undergraduate Institution

Graduation Date

Ethnicity (optional, for reporting purposes only):

- Black/African American White American Indian or Alaska Native
 Asian Native Hawaiian or Other Pacific Islander
 Hispanic, of any race Two or more races Do not wish to identify

-
- 1) Number of years/months living in New Jersey: _____ years _____ months
 - 2) Driver's License State: _____ #: _____
 - 3) Marital Status: () Single () Married () Divorced () Separated () Widowed
 - 4) Are you applying for the EOF Grant for the first time? () Yes () No
 - 5) Did you receive a New Jersey EOF Grant as an undergraduate? () Yes () No
 - a) If so, where? _____
 - b) What was your major? _____
 - 6) Do you have another graduate degree? () Yes () No
 - a) If yes, what degree/school: _____
 - 7) Did you previously receive an EOF Graduate Grant? () Yes () No
 - a) If yes, number of semesters: _____
 - b) What semester: _____ (i.e. Fall 20XX or Spring 20XX).
 - 8) Did you receive a Pell Grant as an undergraduate? _____
 - 9) Do you owe a refund on any grant or scholarship? () Yes () No
 - 10) Have you defaulted on any loan? () Yes () No
 - 11) What is the size of your current household? _____
(Include you and your spouse, and any other persons who you will provide more than half of their support from July 1, 2024 through June 30, 2025. Do not include your parents.)
 - 12) Statement of Need: Please use the space below to list any information pertaining to your financial circumstances that is not reflected on other parts of your application. You may attach a separate sheet if necessary.

**** New Applicants only – Documentation of Historical Poverty ****

13) Have any of your siblings previously received EOF? () Yes () No

a) If yes, list below.

Name	School	Year Received EOF

14) Which is the last year you were claimed as an exemption on your parent(s)' income taxes? _____

15) **Please list the names and ages of all persons living in your parent(s)' household during your last year of your undergraduate education.** (Include you, your parent(s), and your parent(s)' other dependent children if your parents(s) provided more than half of their support. Include other people only if they lived with your parent(s) at that time.

Number of Family members in your household: _____ Year: _____

Name	Age	Relationship

16) **Do you/your spouse own a home?** () Yes () No

If yes, what is the present value of the home? _____

How much is owed on it? _____ What is the monthly mortgage payment? _____

17) **Do you/your spouse own a business?** () Yes () No

If yes, what is the present value of the business? _____

18) **Do your parents own a business?** () Yes () No

If yes, what is the present value of the business? _____

19) **Do you/your spouse, or your parents have any other assets?** () Yes () No

If yes, what is the present value? _____

Student Certification

I declare that the information reported is true, correct, and complete to my knowledge and authorize Educational Opportunity Program Representatives/ Financial Aid Office Personnel to access and review any financial information necessary to verify my financial aid eligibility. I have the consent of my parents and/or spouse to submit their financial and household information for consideration of the EOF grant.

According to the requirements of EOF grant applicants, I affirm that my personal family background is one of disadvantage. I have read the instructions to this application, and I am forwarding all required documents. I understand that the State Representatives will not review incomplete applications.

Student's Signature

Date