



Educational Opportunity Program Financial Information Form

Student Name _____
Last First Middle I.

Birth date ____/____/____ High School _____
month day year

To determine financial eligibility, you must supply the following information:

DEPENDENT applicants:

- Attach Pennsylvania Tax Returns for the most recent year for:
- a. Parents in the household (applicant is dependent).
 - b. Guardians in the household (applicant is dependent).

INDEPENDENT applicants:

- Attach Pennsylvania Tax Returns for the most recent year for:
- a. You and your spouse if applicable.

I have read and understand the information provided about the Educational Opportunity Program and wish to be considered for admission to Penn State through this program. I understand that I must meet certain academic and financial qualifications. I am a resident of Pennsylvania and hereby declare that the information supplied by me on this form is accurate to the best of my knowledge.

Address: _____ Telephone Number: (____) _____

Applicant Signature Date Parent's Signature Date

***Independent Status-- IF you are/were: born before 1/1/1985, married, have children (or other dependents) who receive more than half of their support from you, both parents are deceased, are (or were until age 18) a ward/dependent of the court, or a US veteran, you are considered an independent student.**