

DREW

EOS Program Supplemental Information

Student's Name: _____
Last First

Drew ID #: _____

Please complete this form and return to the Educational Opportunity Scholars Office. If you have questions about the form, please contact us at 973-408-3578 or eos@drew.edu.

PLEASE CIRCLE ONE

1. **Do you/your parents own real estate *other than* your primary residence?** YES NO
* If yes, please attach all pages of schedule E from your parent 2020 Federal Tax Return.

If yes, what is the current market value of the real estate? _____

What was the purchase price of the real estate? _____

What is currently owed on the real estate? _____

Do your parents rent a portion of their home? YES NO

If yes, what percent of the home is rented? _____

2. **Do you or your parents own a business or are self-employed?** YES NO
* If yes, please attach all pages of schedule C, C-EZ, and/or E from your parent 2020 Federal Tax Return.

If yes, how many full time employees are there? _____

What is the current market value of the business? _____

What debt is currently owed on the business? _____

3. **Please list the current value of all of the following:**

Checking and Savings Accounts: Student _____ Parent _____

Investments: (Do not include designated retirement funds) Student _____ Parent _____

4. **Are you eligible for Veterans' educational benefits for 2022-2023?** YES NO

If yes, what is the monthly amount? _____

5. **Did you/your family receive TANF or welfare?** 2020: YES NO
2021: YES NO

7. **Did you receive free or reduced lunch benefits?** 2020: YES NO
2021: YES NO

8. **Did you receive Medicaid benefits?** 2020: YES NO
2021: YES NO

9. Do you have siblings who are/were EOF students?

YES

NO

If yes, what institution do/did they attend? _____

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. These signatures authorize Drew University to make any appropriate changes to the originally reported FAFSA data as a result of the verification review process. Additional information may be requested to complete the review for EOF Program eligibility. I/We agree to provide, if requested, any other documentation necessary to verify the information reported.

- I understand that if I am accepted into the EOS Program at Drew University, I must complete the mandatory five-week summer program prior to the fall semester. **Please check the box to confirm.**

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Please submit this form via:

Highly Recommended Method: Upload your PDF formatted documents to our secure online document portal: [click here](#)

Or mail, FAX or email to:

Drew University Educational Opportunity Scholars Office
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