



Finger Lakes Community College  
Educational Opportunity Program  
3325 Marvin Sands Drive  
Canandaigua, NY 14424-8395

p: 585.785.1390  
f: 585.785.1780  
eop@flcc.edu  
www.flcc.edu/eop

**Returning EOP Student Information Sheet**

The information you provide to us will allow the EOP Office to reactivate your participation in EOP. **This form must be returned in order for us to finalize your EOP reactivation and funding.** Please complete all sections of this form. If you have any questions, call (585) 785-1390 or email eop@flcc.edu

Name: \_\_\_\_\_ SSN or FLCC ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please circle Yes or No:**

Yes/No I am currently a New York State resident

Yes/No I am in default on a federal student loan

Yes/No I have attended another college since I left FLCC. If yes, list all colleges attended, terms attended, and whether you participated in EOP, HEOP, SEEK/College Discovery or a similar Opportunity Program

Yes/No I have earned an Associate's or Bachelor's degree since leaving FLCC

List all colleges attended and terms attended.

College: \_\_\_\_\_ Terms: \_\_\_\_\_ (H)EOP? (Y/N)\_\_\_\_\_

College: \_\_\_\_\_ Terms: \_\_\_\_\_ (H)EOP? (Y/N)\_\_\_\_\_

College: \_\_\_\_\_ Terms: \_\_\_\_\_ (H)EOP? (Y/N)\_\_\_\_\_

I understand that the goal of EOP is to support my success at FLCC, and that I am expected to cooperate with the EOP Office as an active participant in the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to:**  
Educational Opportunity Program  
Academic Success and Access Programs  
Finger Lakes Community College  
3325 Marvin Sands Drive  
Canandaigua, NY 14424-8395