



Educational Opportunity Fund Program  
400 Paramus Road  
Paramus, New Jersey 07652  
Phone: 201-447-7139  
Fax: 201-689-6854

## Educational Opportunity Fund (EOF) Program

### Request for an Application Fee Waiver Letter

Student Name: \_\_\_\_\_ BCC ID/SS No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_ Home/Cell No.: \_\_\_\_\_  
BCC EOF Counselor's Name: \_\_\_\_\_

#### Applying to:

Name of School: \_\_\_\_\_  
School's Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_

#### Delivery Method (Select one):

- ☐ Student picks-up the letter at the BCC EOF office.  
☐ Mail the letter to the listed college/university.  
☐ Fax to: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

Name of School: \_\_\_\_\_  
School's Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_

#### Delivery Method (Select one):

- ☐ Student picks-up the letter at the BCC EOF office.  
☐ Mail the letter to the listed college/university.  
☐ Fax to: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

Student Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*I authorize the release of information as per Family Education Rights & Privacy Act (93:380)

#### FOR BCC EOF OFFICE USE ONLY

Received on: \_\_\_\_\_  
Completed on: \_\_\_\_\_  
Notified Student on: \_\_\_\_\_  
\_\_\_\_\_

#### FOR BCC EOF OFFICE USE ONLY

☐ Picked-up on: \_\_\_\_\_  
☐ Mailed on: \_\_\_\_\_  
☐ Faxed on: \_\_\_\_\_  
☐ Other: \_\_\_\_\_