EDUCATIONAL OPPORTUNITY FUND (EOF)
New Jersey Financial Aid Management System (NJFAMS)
EOF AWARD PROCESSING FORM
EDUCATIONAL OPPORTUNITY FUND
Office of the Secretary of Higher Education
PO Box 542

All documents must be submitted via email and a hard copy of this form must be mailed to the EOF Central Office. This form may be submitted in either a PDF, MS Word or JPEG image format to all identified individuals below. In addition to this form, programs must submit an electronic copy of your EOF "Approved and Eligible" roster. This roster should include all students with whom you are requesting for the EOF Central Office to move from a "qualified" to "awarded" status within NJFAMS. The EOF "Approved and Eligible" roster must be downloaded from the EOF portal within NJFAMS as a CSV file (Excel document) and must accompany the EOF Award Processing form. The excel document must be reviewed prior to submission and must reflect the accurate demographic and award information for all selected students. Students who are listed as either incomplete or under verification within NJFAMS should not be included.

Documents not submitted in the requested format and received after 3:00 pm will not be processed.

Original signed award processing form and a copy of the above described roster must be mailed to the EOF office within one week of processing.

EMAIL TO: **Shakia Williams** **(shakia.williams@oshe.nj.gov)**
Hasani Carter **(hasani.carter@oshe.nj.gov)**
Stephanie Shanklin **(stephanie.shanklin@oshe.nj.gov)**
PHONE: **609-984-2631 or 609-341-3808**

INSTITUTION: _____
PROGRAM: _____
DATE: _____

I hereby certify, as a representative of the educational institution named above, that the submitted roster has been reviewed for accuracy, processed in accordance with the instructions provided, and that payments requested for eligible students are in compliance with the Educational Opportunity Fund regulations. Students on this roster meet the standards of academic performance and progress required by this institution. Upon approval of the EOF Central Office, the above institution also recognizes that it is responsible for certifying and requesting payment by all indicated deadlines.

_____ _____
(EOF Director – Signature) (Telephone Number)

_____ _____
(EOF Director – Print) (Date)

_____ _____
(Financial Aid Director – Signature) (Telephone Number)

_____ _____
(Financial Aid Director – Print) (Date)