



1) Please list the people in your household and indicate, if applicable, what college they will attend in 2023-2024.

Full name <small>List everyone in your house hold: parent, siblings, self, spouse, dependents etc.</small>	Age	Relationship to Student	Are they or will be enrolled at least half- time in a degree granting program?	Name of the college attending <small>(if applicable)</small>
		Self	Yes	SUNY Cobleskill
			O Yes or No O	
			O Yes or No O	
			O Yes or No O	
			O Yes or No O	
			O Yes or No O	

2) Please read and sign:

I recently completed the 2023-2024 EOP Financial Information Form and all the information that I provided on that form is true to the best of my knowledge. I understand that any knowing falsification or omission of data may result in the denial of admission or dismissal.

I understand that I must be academically and financially eligible for EOP and that I must complete a 2023-2024 Free Application for Federal Student Aid (FAFSA) as soon as possible.

I also agree to provide any and all financial documentation requested by SUNY Cobleskill Student Financial services staff.

Applicant's Name (please print): _____

Applicant's Cobleskill ID# (if known): _____

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Questions? Contact SUNY Cobleskill Student Financial Services
106 Suffolk Circle
Cobleskill, NY 12043
518-255-5623
financialaid@cobleskill.edu