



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
flcc.edu/eop

Returning EOP Student

The information you provide 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 if appropriate.** Please complete all applicable sections of this form. If you have questions, contact EOP at (585) 785-1390 or via email at eop@flcc.edu.

Name: _____ FLCC ID#: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Yes / No I am currently a New York State resident.

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

Yes / No I attended another college since I left FLCC. *(If "yes," complete the section below.)*

Yes / No I earned an associate or bachelor's degree since leaving FLCC.

List all colleges and terms attended and indicate participation in an Opportunity Program such as EOP, HEOP, Seek/College Discovery, etc.

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 _____

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