



The Educational Opportunity Fund Program
2024-2025 Supporting Documents

Supplemental Nutrition Assistance Program (SNAP) Form

Student's Name: _____

855#: _____

Name of Family Member Receiving Services: _____

Relationship: Self Parent Other: _____

County:

- Atlantic County
- Bergen County
- Burlington County
- Camden County
- Cape May County
- Cumberland County
- Essex County

- Gloucester County
- Hudson County
- Hunterdon County
- Mercer County
- Middlesex County
- Monmouth County
- Morris County

- Ocean County
- Passaic County
- Salem County
- Somerset County
- Sussex County
- Union County
- Warren County

Case Number: _____

Caseworker Name: _____

Caseworker Phone Number: _____

Supplemental Nutrition Assistance Program (SNAP) Received Monthly in 2021: _____

I (We) certify that the information provided above is correct and complete to the best of my (our) knowledge.

Parent Signature: _____ Date: _____

Student's Signature: _____ Date: _____



The Educational Opportunity Fund Program
2023-2024 Supporting Documents

EXAMPLE

Supplemental Nutrition Assistance Program (SNAP) Form

Student's Name: John Doe

855#: 080808

Name of Family Member Receiving Services: Jane Doe

Relationship: Self Parent Other: _____

County:

- | | | |
|--|--|--|
| <input type="checkbox"/> Atlantic County | <input type="checkbox"/> Gloucester County | <input type="checkbox"/> Ocean County |
| <input type="checkbox"/> Bergen County | <input type="checkbox"/> Hudson County | <input checked="" type="checkbox"/> Passaic County |
| <input type="checkbox"/> Burlington County | <input type="checkbox"/> Hunterdon County | <input type="checkbox"/> Salem County |
| <input type="checkbox"/> Camden County | <input type="checkbox"/> Mercer County | <input type="checkbox"/> Somerset County |
| <input type="checkbox"/> Cape May County | <input type="checkbox"/> Middlesex County | <input type="checkbox"/> Sussex County |
| <input type="checkbox"/> Cumberland County | <input type="checkbox"/> Monmouth County | <input type="checkbox"/> Union County |
| <input type="checkbox"/> Essex County | <input type="checkbox"/> Morris County | <input type="checkbox"/> Warren County |

Case Number: C0123456789

Caseworker Name: Jake Doe

EXAMPLE

Caseworker Phone Number: 973-123-4567

Supplemental Nutrition Assistance Program (SNAP) Received Monthly in 2021: \$275

I (We) certify that the information provided above is correct and complete to the best of my (our) knowledge.

Parent Signature: John Doe Sr.

Date: 9/15/23

Student's Signature: John Doe

EXAMPLE

Date: 9/15/23