



**EOP FINANCIAL INFORMATION FORM Signature Certification Page**

1) Did you receive free and reduced-price meals and free milk between July 1, 2023 through June 30, 2024?  Yes  No

2) Please list the people in your household and indicate, if applicable, what college they will attend in 2024-2025.

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	

3) Please read and sign:

I recently completed the 2024-2025 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 2024-2025 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