



1) Did you receive free and reduced-price meals and free milk between July 1, 2024 through June 30, 2025? Yes No

2) Please list the people in your household and indicate, if applicable, what college they will attend in 2025-2026.

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 2025-2026 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 2025-2026 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