



I recently completed the 2019 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 2019-20 Free Application for Federal Student Aid (FAFSA) as soon as possible. I also agree to provide any and all financial documentation requested SUNY Cobleskill Financial Aid 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**