



2017 EOP ESSAY FORM

THE STATE UNIVERSITY OF NEW YORK

Application Services Center (ASC)

P.O. Box 22007

Albany, New York 12201-2007

Mail your completed essay to the Application Services Center at the address listed above. Your information will be transmitted to each of the SUNY campuses shown in the Campuses section to which you have applied as an EOP candidate.

Personal Information

Name: _____

Applicant ID Number: _____

Address: _____

High School CEEB Code: _____

Entry Term: _____

Date of Birth: _____

Date: _____

Essay Section

Write an essay (up to 500 words) to address the questions listed below (required).

Please provide a response to the following questions to help us better understand your interest in EOP. Attach your response to this form.

Be sure to include your name on the attachment.

- 1.) What motivated your interest to pursue post-secondary education?
- 2.) Explain the circumstances that affected your academic performance in high school.
- 3.) Based on what you know about the Educational Opportunity Program, how do you think the program will benefit you?

Campuses

These SUNY campuses require an essay as part of the SUNY EOP Supplemental Application.

Campus	Contact Number
SUNY Oneonta	800.SUNY.123