Statement of Student Eligibility

Have you ever been convicted of a felony or an offense under Chapter 481, Health and Safety Code (Texas Controlled Substances Act), or under the law of another jurisdiction involving a controlled substance as defined by Chapter 481, Health and Safety Code?

_____No** _____Yes*

*If your answer is yes, contact the financial aid office to determine your eligibility to receive TEOG.

**If your answer is no, it is your responsibility to inform the financial aid office if this status changes at any time while attending the institution.

I hereby certify that the information I have provided I true and correct. I understand that if I fail to provide accurate information, I may be required to reimburse the institution and penalties may be imposed.

______________________________
Student Signature

______________________________
Date

______________________________
Student Name (printed)

______________________________
Student ID

**TEOG Fall awards will not be transmitted to student accounts until after the State fiscal year begins, September 1st, regardless of when tuition and fees are due for the semester.

SELECTIVE SERVICE STATEMENT OF REGISTRATION STATUS

Male students must verify their current Selective Service registration status by marking one of the statements below and providing proof of their registration status to their current institution. Failure to do so may result in the loss of eligibility for state financial aid. For more information about Selective Service System, visit sss.gov.

I am under the age of 18 and not currently required to register.

[ ] I am REGISTERED with the Selective Service and,

Check the following box that applies:

[ ] I have already submitted proof of registration to my current institution.
[ ] Proof of registration is included with this statement.
[ ] I will submit proof of my registration.

NOTE: Proof is required to be considered eligible for financial aid.

[ ] I am EXEMPT from registration and,

Check the following box that applies:

[ ] I have already submitted proof of my exemption to my current institution.
[ ] Proof of my exemption is included with this statement.
[ ] I will submit proof of my exemption.

NOTE: Proof is required to be considered eligible for financial aid.

I, ___________________________________________ hereby certify that the Selective Service status statement provided above is true and accurate.

______________________________
Student ID:

______________________________
Signature:

______________________________
Date:

Complete and return to the Financial Aid Office at your institution of higher education.