TEXAS Grant
Statement of Student Eligibility

You have been awarded a TEXAS Grant. In accordance with state regulations, you must confirm that you meet eligibility requirements regarding controlled substance restrictions. You must fill out the form below and return it to the financial aid office before you can receive any disbursements from your TEXAS Grant.

I understand that it is my responsibility to inform the institution that I am attending of any changes to my status in the future.

______________________________  ____________________________
Student Name (Please Print)    Student ID #

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*

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

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