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*

I hereby certify that the information I have provided is 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

________________________________________   K______________________
Print Name         Student ID Number

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

*If this statement is not received by the Office of Student Financial Aid, TEXAS Grant funds will not disburse. This is in accordance with the Texas Higher Education Coordinating Board.