

Statement of Student Eligibility

Student Name: _____ A#: _____

Texas Grant Criteria for First Year	Texas Grant Criteria for Renewal
Maintain a 2.0 GPA	Maintain a 2.0 GPA
Maintain a completion rate of 67%	Completed 24 hrs. in 22-23 AY
Enroll in at least 9 hours	Enroll in at least 9 hours
Complete and sign this form	Complete and sign this form

Have you 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?

☐ Yes

☐ No

If you answer YES, contact the Financial aid office to determine your eligibility to receive Texas Grant.

I hereby certify that the information provided in this statement is true and correct to the best of my knowledge. I understand if I fail to provide accurate information, I may be required to reimburse the institution and penalties may be imposed. I also understand that it is my responsibility to inform the financial aid office if my status concerning this statement of eligibility changes at any time while attending this institution.

Student Signature: _____ Date: _____

For Questions please contact The Office of Financial Aid: FA@SULROSS.EDU