

## Statement of Student Eligibility

Student Name: \_\_\_\_\_ A#: \_\_\_\_\_

TX Grant Criteria for end of 1st Year	TX Grant Criteria for Renewal end of 2nd Year
Maintain a 2.0 GPA	Maintain a 2.5 GPA and complete 24 SCHs
Maintain a completion rate of 67%	Maintain a completion rate of 67%
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.

(Signature cannot be typed, please provide a written signature such as with your finger or stylus.)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Questions please contact The Office of Financial Aid: [FA@SULROSS.EDU](mailto:FA@SULROSS.EDU)