TPEG-CE APPLICATION INSTRUCTIONS

How to Apply –

- Contact the Financial Aid Office at (806) 371-5315 to establish eligibility for the TPEG-CE Grant and ***contact the appropriate department*** to confirm that your course is eligible for this grant.

- A **2023-2024** FAFSA must be submitted online at **www.studentaid.gov**. Documents such as a copy of your 2021 tax return transcript and all W2's (spouse information required, if married) may be requested upon receipt of the FAFSA. ***All documents must be signed and dated.***

- The **State Financial Aid Eligibility Forms** must be completed and submitted to the Financial Aid Office. The forms are located under Additional Forms at www.actx.edu/fin/forms.

- The downloadable TPEG-CE Application must be faxed or emailed to the Financial Aid Office signed and approved by the appropriate department, such as the Continuing Education Healthcare Division Office. Application does not guarantee payment of funds; the Financial Aid Office will determine approval.

- **Once TPEG-CE Grant eligibility is established, the Financial Aid Office will notify the student by email as to the status of their request for a TPEG-CE award.**

- **If TPEG-CE Grant is approved, the student may then enroll in the approved course(s) and pay their portion at time of registration.** The student is responsible to take their CE Registration form along with their payment to the Assistance Center. Financial Aid will make appropriate comments in student's record confirming student eligibility.

2023-2024 TPEG-CE APPLICATION

PLEASE COMPLETE ALL INFORMATION BELOW - DO NOT LEAVE ANY ITEMS BLANK
MAXIMUM AWARD: 80% of the tuition and fees total per term

Incomplete applications will NOT be processed and may be returned to applicant.

Amarillo College Program or Certificate:_____Term:_____

Name:_____AC Colleague ID_____
      Last   First   M.I.

Mailing Address:_____ City/State/Zip:_____
          (Include Apartment #)

Phone:_____ _____ _____
        Home   Cell   Work

Email:_____ Date of Birth:_____
Email is __REQUIRED__ for notification of TPEG-CE award

Course Title	Course ID #	Course Number	Starting-Ending Date	Cost
i.e. Supervision	*i.e. 12345*	*i.e. BMGT 1001-1003*	*i.e. 8-22-23 12-15-23*	*$176.00*
_____	_____	_____	_____-_____	$_____
_____	_____	_____	_____-_____	$_____
_____	_____	_____	_____-_____	$_____
_____	_____	_____	_____-_____	$_____
_____	_____	_____	_____-_____	$_____
			TOTAL COST:	$_____

Tuition and fees are rounded up to the next whole dollar figure after the 80% calculation. __The student is responsible for the remaining 20% of tuition and fees, which MUST be paid at the time of registration.__

TOTAL COST: $_____ X 80% = $ _____(Maximum TPEG-CE) = $_____ 20% (Student Responsibility)
      (Depending on TPEG-CE Award eligibility, Student Responsibility could be greater than 20%)

I hereby certify that I have read and understand this information and agree, if asked, to provide information that will verify the accuracy of my application.

_____   _____
Student Signature   **Today's Date**

DO NOT WRITE IN BOX BELOW - FOR OFFICE USE ONLY

CONTINUING EDUCATION APPROVAL   Amount Required: $_____

Processed By:_____ Date:_____

(Amount required = 80% of the total tuition and fees due, rounded up to the next whole dollar figure

FINANCIAL AID APPROVAL   Award Approved: YES ____ NO ____ Amount Approved: $_____

Processed By:_____ Date:_____