## FINANCIAL AID



Before receiving any State Grant funds, students must confirm that they are eligible for the program based on the controlled substance restriction. Institutions are responsible for obtaining and keeping this confirmation statement from each student in their records. The statement may be requested during a program review or audit.

Have you ever been convicted of 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 define by Chapter 481, Health and Safety Code?

Y*	N**

Per Texas Family Code, Title 5, Section 231.006, a student who is obligated to pay child support and is more than 30 days delinquent is not eligible to receive a state-funded grant or loan. Are you 30 days or more delinquent on child support payments?

Y*	N**

## **Declaration of Student Eligibility**

I affirm that the information I have given in this declaration is accurate and complete. I acknowledge that if I provide false or misleading information, I may have to pay back the institution and face penalties. I also acknowledge that it is my duty to notify the financial aid office if my situation regarding this eligibility declaration changes at any time while studying at Amarillo College.

Student Name	 ID#	ID#	
Student Signature	State of Residence	 Date	

In accordance with Texas Education Code, Section 51.9095, male students must file a Selective Service Statement of Registration Status with their institution or other entity granting financial assistance. For more information about the Selective Service System, visit sss.gov.

<sup>\*</sup>If your answer is yes to any of the questions above, contact the financial aid office to determine your eligibility to receive a TEOG/TPEG/TASFA award.

<sup>\*\*</sup>If your answer is no, it is your responsibility to inform the financial aid office if this status changes at any time while attending the institution.





If you are not required to register for the Selective Service, place an "X" in the next to the statement that best describes your situation.

## Please mark ONE option below:

	Signature	_	dent ID# Date
stateme	ent provided above is true and accurate.	, hereby	certify that the Selective Service status
		l l.	
	I was born male and am REGISTERED with the Selective Service.		
	I was born male and am under the age of 18 and not currently required to register.		I was born male and am EXEMPT from registration because: (please briefly explain why you are exempt in the section below.)
	I was born female and not required to register.		I was born male and am over the age of 18. I am not registered with Selective Service and I am not exempt from registration with Selective Service.