

Statement of Student Eligibility & Selective Service

Student's Name (PRINT): _____ Phone: (_____) _____

HCC ID: _____ Date of Birth: ____/____/____ Home Campus: _____
(9-digit number required) (Primary location of attendance)

The following statements are required to determine student eligibility for Texas Education Opportunity Grant (TEOG).

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

Are a child support obligator who is more than 30 days delinquent in paying child support?

_____ No _____ Yes

I understand I am required by law to notify the financial aid office if there are any changes to my status while I am receiving any state aid.

Certification

By signing below, I/we acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both.

Student Signature: _____ Date: _____

Statutory Program Restrictions

The statutory restrictions of the programs are identical. A person is not eligible to receive an initial or a continuation grant...

“...if the person has been convicted of a felony or an offense under Chapter 482, 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, unless the person has met the other applicable eligibility requirements under this subchapter and has:

- (1) Received a certificate of discharge by the Texas Department of Criminal Justice or a correctional facility or completed a period of probation ordered by a court, and at least two years have elapsed from the date of the receipt or completion; or
- (2) Been pardoned, had the record of the offense expunged from the person's record, or otherwise has been released from the resulting ineligibility to receive a grant under this subchapter.”

TEXAS Grant: Initial Awards TEC 56.304(b)
TEOG Grant: Initial Awards TEC 56.404(b)

Renewal Awards TEC 56.305(b)
Renewal Awards TEC 56.305(b)

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2022-2023



Financial Aid Office

Selective Service Registration Statement (FSSERV)

Student's Name (PRINT): _____ Phone: (____) _____

HCC ID: _____ Date of Birth: ____/____/____ Home Campus: _____
(9-digit number required) (Primary location of attendance)

Your financial aid application has been flagged by the Department of Education. HCC must verify your selective service status. Verification must be completed prior to HCC awarding or disbursing financial aid funds.

Registration Status

Are you currently registered for Selective Service, as required by federal law?

- Registered (Proof of registration required)
- Not Registered (Complete section below)
- Exempt (Documentation Required)

Please check one of the following that applies to why you did not register with *Selective Service*.

I am not required to file because I am a female.

I entered the United States after my 26th birthday. **Attached is documentation to verify this statement.**

I did not register with *Selective Service* because I had a lawful nonimmigrant status between my 18th and 26th birthdays, and was not required to register. **Attached is documentation to verify this statement. In addition to the documentation, a status information letter must be obtained from the Selective Service Administration. Request form can be downloaded from www.sss.gov.**

origin, disability, status as a veteran, or sexual orientation. Phone: 713-718-8490

I entered the *United States* between my 18th and 26th birthday as a legal non-resident. I am now over 26 years of age and cannot register with *Selective Service*. **Attached is documentation to verify this statement.** I did not register because:

Other:
Attached is documentation to verify this statement.

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Financial Aid Office

Supporting documentation must be attached to this form.

Certification

I, _____, hereby certify that the selective service status provided is true and correct. I understand that I must provide documentation if requested by my institution that I may be required to complete a new statement for each academic year for continued eligibility.

Student Signature: _____

Date: _____

Selective Service Registration Statement (FSSERV)

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