TEXAS Grant Statement of Eligibility
Towards EXcellence, Access and Success Grant

Student’s Name: ___________________________  Student’s ID Number: ____________

Name of school you previously received the TEXAS Grant at: __________________________

Academic year and semester you last received the TEXAS Grant: _______________________

Did you complete at least 24 hours in the last academic year (fall->summer) you attended school: _______________________

Name of last school(s) attended: __________________________________________________

Reference: 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 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, unless the person has met the other applicable eligibility requires 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.”

Citations: TEXAS Grant Initial Awards TEC 56.304(b) renewal awards TEC 56.305(b)

Have you ever been convicted of a felony or offense under Chapter 481, Health 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?

Write your initials next to the statement that applies to you.

_________ Yes – the Office of Veteran Services and Financial Aid will request additional information
_________ No – please be aware that it is your responsibility to notify our office if your status changes at
any time while attending UTHSCSA

Statement regarding Selective Service registration (www.sss.gov). Write your initials next to the statement that applies to you.

_________ I am a male that is registered with the selective service system
_________ I am a female (exempt from registration)

I hereby certify that the information I have provided in this statement is true and correct. I understand that if I fail to provide accurate information, I may be required to reimburse UTHSCSA and penalties may be imposed by the State. I also understand that it is my responsibility to inform the Office of Veteran Services and Financial Aid if my status concerning this statement of eligibility changes at any time while I am attending UTHSCSA.

_________________________  ____________
Student Signature                      Date

Eligibility evaluations may start after **July 30**. If determined eligible, funds will be requested to the Texas Higher Education Coordinating Board until after both September 1st and census date (12th official class date).