Federal Pell Grant Eligibility Statement

You have been awarded a Federal Pell Grant at UT Health San Antonio. Prior to disbursing the funds, please confirm that you have not earned a bachelor’s degree.

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

1. Do you have a bachelor’s degree?
   
   ❑ Yes – You are not eligible for the Pell Grant at UT Health San Antonio and the award will be cancelled.
   
   ❑ No – Provide the month and year of when you anticipate completing the degree: ____________.

2. Will you complete the requirements for a bachelor’s degree at another school?
   
   ❑ Yes.
   
   ❑ No

By signing this statement you certify that you are eligible to receive the federal pell grant because you have not received your first bachelor’s degree. If at any time, it is later determined that you were not eligible because you had earned your first bachelor’s degree prior to receiving pell grant funds at UT Health San Antonio, you will be responsible for repaying the pell grant funds received, or any other aid that was awarded to you based on pell grant eligibility. Please visit with a financial aid counselor prior to signing this statement if you have questions about this form.

__________________________________________  __________________________
Student Signature                                    Date