### 2023-2024



#### **Statement of Student Eligibility & Selective Service**

Student's Name (PRINT).		Phone: ()
HCC ID:(9-digit number required)	Date of Birth:/	Home Campus:(Primary location of attendance)
The following statements are r	equired to determine student e	eligibility for Texas Education Opportunity Grant (TEOG)
•	•	er Chapter 481, Health and Safety Code (Texas Contro involving a controlled substance as defined by Cha
	No	Yes
Are a child support obligator w	ho is more than 30 days delinqu	uent in paying child support?
	No	Yes
	Statutory Program	m Restrictions
grant  "if the person has been Controlled Substances Ac by Chapter 481, Health an under this subchapter an  (1) Received a certificate completed a period of the receipt or completed (2) Been pardoned, had	convicted of a felony or an offe t), or under the law of another j nd Safety Code, unless the perso d has: e of discharge by the Texas Depa of probation ordered by a court, etion; or	ense under Chapter 482, Health and Safety Code (Texas jurisdiction involving a controlled substance as defined on has met the other applicable eligibility requirements artment of Criminal Justice or a correctional facility or , and at least two years have elapsed from the date of nged from the person's record, or otherwise has been grant under this subchapter."

Initial Awards TEC 56.304(b)

Initial Awards TEC 56.404(b)

Citations:

TEXAS Grant: TEOG Grant:

Renewal Awards TEC 56.305(b)

Renewal Awards TEC 56.305(b)

# 2023-2024



### **Statement of Student Eligibility & Selective Service**

Student's Name (PRINT):				Phone: ()						
		_ Date of Birth: _	/_	/	Home Campus:					
(9-digit	number required)					(Primary	location of attendance)			
			ICC awa	•	nt of Education. HCC mus disbursing financial aid fo Status	•	your selective service			
Are vou curre	ntly registered f	or Selective Service	as red	nuired hy	federal law?					
	Registered	or selective service	<i>,</i> as rec	quired by	rederariaw:					
	Not Registered (Complete section below)									
	Exempt									
Please check of	one of the follow	ving that applies to	why yo	ou did no	t register with <i>Selective S</i>	Service.				
	I am not requi	red to file because	I am a	female.						
	I entered the	United States afte	er my 20	6 <sup>th</sup> birthd	ay. <b>Attached is documen</b>	tation t	to verify this			
	statement.									
	and 26 <sup>th</sup> birt statement. I	hdays, and was not n addition to the d	requir	ed to reg <i>ntation,</i> (	I had a lawful nonimmig ister. Attached is docum a status information lett a can be downloaded fro	entatio er must	n to verify this be obtained from the			
	I entered th	e <i>United States</i> bet	ween r	ny 18 <sup>th</sup> ai	nd 26 <sup>th</sup> birthday as a lega	l non-re	sident. I am now over			
	26 years of	age and cannot reg	ister w	ith <i>Select</i>	ive Service. <b>Attached is c</b>	locume	ntation to verify this			
	statement.	I did not register b	ecause	:						
	Other:	s documentation t	o verify	y this sta	tement.					

# 2023-2024



Financial Aid Office

### **Statement of Student Eligibility & Selective Service**

Student's Name (PRINT):			Pnone:	()
HCC ID:			Home Campus:	
(9-digit number required)				(Primary location of attendance)
	i i i i i i i i i i i i i i i i i i i	Certification		
	tation if requested by r		•	rue and correct. I understand to complete a new statement
Student Signature:				Date: