



# Texas Educational Opportunity Grant Consideration Form 2023-2024

NAME \_\_\_\_\_ SSN/College ID \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ DAY PHONE \_\_\_\_\_  
Street Address City State Zip

### Selective Service Statement of Registration Status

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](#).

Please mark one option below:

- I was born female and not required to register.
- I was born male and am under the age of 18 and not currently required to register.
- I was born male and am **REGISTERED** with the Selective Service.
- 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.
- I was born male and am **EXEMPT** from registration because: (please briefly explain why you are exempt.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby certify that the Selective Service status statement provided above is true and accurate.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Statement of Student Eligibility

Have you ever been convicted of a felony?  Yes  No

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 defined by Chapter 481, Health and Safety Code?  Yes\*  NO

\* If your answer is yes, contact the financial aid office to determine your eligibility to receive a TEOG.

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 TVCC and penalties may be imposed. I also understand that it is my responsibility to inform the financial aid office if my status concerning this statement of eligibility changes at any time while attending this institution.

Print Student Full Name: \_\_\_\_\_

\_\_\_\_\_  
Student Signature Date

\*\*\*TO BE COMPLETED BY FINANCIAL AID COUNSELOR\*\*\*

\_\_\_\_\_  
Total Hours Completed Date