



2025-2026 Texas Educational Opportunity Grant Consideration Form

Name: _____ SSN/College ID: _____

DOB: _____ Phone: _____

Address: _____

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. (Documentation required)

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.

Have you been ordered to pay child support? _____ Yes _____ No

Are you late on your child support payment by 30 or more days? _____ Yes _____ No

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: _____ Date _____

Student Signature _____

TO BE COMPLETED BY FINANCIAL AID COUNSELOR

Total Hours Completed _____

Date _____