

Office of Financial Aid  
**Application for an Exemption**  
**Clinical Preceptor and/or their Child 2020-2021**



STUDENT INFORMATION	
Student Name:	Student ID:
Student Address:	Student Date of Birth:
City, State, Zip:	Student Email:
Student Phone:	Student Alternate Phone:

ELIGIBILITY REQUIREMENTS
<ul style="list-style-type: none"> <li>• A residents of Texas, unless attending a public community college (for which tuition is local revenue).</li> <li>• Registered with the Selective Service System-males only.</li> <li>• Have not been granted a baccalaureate degree.</li> <li>• A registered nurse or child of a Clinical Preceptor who serve, on an average, at least one day per week under a written preceptor agreement with an undergraduate professional nursing program as a clinical preceptor.</li> </ul>

COSTS COVERED
<ul style="list-style-type: none"> <li>• The preceptor may receive up to \$500 or actual tuition, whichever is less, for as long as he/she meets program requirements.</li> <li>• The child of a preceptor may receive \$500 or actual tuition charges, whichever is less, for up to 10 semesters or until the student receives his/her bachelor's degree. Summer terms of less than nine weeks count as ½ a regular semester.</li> </ul>

REQUIRED DOCUMENTS	
<input type="checkbox"/>	Dated agreement between Clinical Preceptor and Institution.
<input type="checkbox"/>	Proof of Selective Service-Males Only.
Name of Educational Institution:	Name of Affiliating Agency:

Exemption Term:	Year:
Which condition applies to you: <input type="checkbox"/> Clinical Preceptor <input type="checkbox"/> Child of Clinical Preceptor	
Do you hold a baccalaureate (bachelor's) degree?	Are you currently classified as a TX resident by this institution?
<b>IF YOU ARE A CHILD OF A PRECEPTOR, PROVIDE THE FOLLOWING INFORMATION</b>	
Preceptor's Name:	Preceptor's SSN:

### EXEMPTIONS

If you have previously received an exemption through this program, please indicate below:

Term	Year	Term	Year

### SIGNATURE

By my signature I understand:

- Requests may take 2-3 weeks to process.
- Applications can NOT be processed until all necessary documentation has been received.

Student Printed Name:	Student Signature:	Date:
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### FINANCIAL AID OFFICE USE ONLY

Exemption Period:	Amount:	Docs Complete: Y / N
SAP: Good / Warn / AP / Susp.	Degree Seeking: Y / N	Required Docs Received: Y / N
Residency:	Processed By:	Date:

Grayson College Financial Aid Office • 6101 Grayson Drive, Hwy 691 Denison, TX 75020-8299  
Email to: [financialaid@grayson.edu](mailto:financialaid@grayson.edu) • Fax to: 903.463.3908

Students are REQUIRED to use their GC canvas account or their GC email account for all electronic communication. GC faculty and staff will not reply to student communication that is sent through an email account other than their GC issued email account or canvas account in order to ensure the identity of the student when communicating electronically.