

# Office of Financial Aid

SENATE BILL 1528 STUDENT DATA

All information must be complete before this form can be accepted. Please print or type all information.



## STUDENT DATA

Student Name:	Student SS/ ID:
Student Address:	Student Date of Birth:
City, State, Zip:	Student email:
Student Phone:	Student Alternate Phone:

## Academic Information

Name of Secondary School or High School in the U.S.

Name:	Date(s) Enrolled:
-------	-------------------

List all colleges or Universities you have attended:

Name:	Date(s) Enrolled:
Name:	Date(s) Enrolled:
Name:	Date(s) Enrolled:

## Immigration Information

Country of Citizenship:	Country of Residence:
Country of Birth:	

### Requirements:

- Must file a FAFSA
- Must be a Texas resident
- Must complete Signature Page
- Must sign Affidavit (attached)
- Copy of **Original** Birth Certificate
- Must register for Selective Service (males only) – VERIFIABLE at [www.sss.gov](http://www.sss.gov)
- Graduated from Texas High School, attended at least 3 years prior, currently live in Texas
- Maintaining a term GPA of 2.0
- Must provide parents' and/or student's 2016 TAX RETURN TRANSCRIPT if they pay federal income taxes [www.irs.gov/800-829-0922](http://www.irs.gov/800-829-0922)

**By signing below I agree that all information above is true and correct.**

Signature:		Date:	
FINANCIAL AID OFFICE USE ONLY:	COA 9	COA 4.5	Unmet Need:
Approved:	Denied:	Awarded:	Package by: