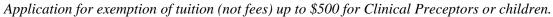
Office of Financial Aid

Exemption for Clinical Preceptors 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:		

CLINICAL PRECEPTOR REQUIREMENTS

- Must be a resident of Texas.
- Must be a Registered Nurse who serves, on average, at least one day per week under a written preceptor agreement with an undergraduate professional nursing program as a clinical preceptor for the term this exemption is sought, or less than one year prior.
- Meet the institutions Financial Aid Satisfactory Academic Progress (SAP) Policy.
- Have not been granted a baccalaureate or higher degree.

CHILD OF PRECEPTOR REQUIREMENTS

- Must be a resident of Texas.
- > The clinical preceptor must be a Registered Nurse who serves, on average, at least one day per week under a written preceptor agreement with an undergraduate professional nursing program as clinical preceptor for the term this exemption is sought, or less than one year prior.
- Meet the institutions Financial Aid Satisfactory Academic Progress (SAP) Policy.
- Not received this exemption for more than ten (10) semesters.
- ➤ Have not been granted a baccalaureate or higher degree.

COSTS COVERED

- > The preceptor may receive up to \$500 or actual tuition, whichever is less, for as long as he/she meets program requirements. This exemption only covers tuition, not fees.
- > 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. This exemption only covers tuition, not fees.

REQUIRED INFORMATION					
Exemption Term: Fall Spring Summer					
Which condition applies to you: Clinical Preceptor	Child of Clinical Preceptor				
Do you hold a baccalaureate (bachelors) or higher degree? Yes No	Are you currently classified as a TX resident by this institution? Yes No				
IF YOU ARE A CHILD OF A PRECEPTOR, PROVIDE THE FOLLOWING INFORMATION					
Preceptor's Name:					

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☐ Dated agreement betv	veen Clinical Preceptor	r and Instituti	on on business letterhe	ead.	
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Name of Educational Institution	on:		Name of Affiliating A	Agency:	
		EXEMPTIO	NS		
If you have previously received an exemption through this program, please indicate below:					
☐ Please check here if this is your first semester applying for this exemption.					
Term	Year		Term	Year	
	-				
				-	
SIGNATURE					
By my signature I understand:					
Requests may take 2-3 weeks to process.					
This exemption can cover up to \$500 of tuition costs. Fees are not covered.					
Applications may <u>NOT</u> be processed until all necessary documentation has been received.					
Student Printed Name:		Student Sign	ature:	Date:	
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FINANCIAL AID OFFICE USE ONLY					
COA:	EFC:	Unmet Need:			
Exemption Period:	Amount:	Docs Complete: Y / N			
SAP: Good / Warn / AP / Susp.	Degree Seeking: Y / N	Required Docs Received: Y / N			
TX Resident: Y / N	Prior exemption terms:				
□ Approved □ Denied	GPA met for cont. award?: Y / N				
FAO:		Date			

Send forms to: Grayson College Financial Aid Office • 6101 Grayson Drive, Denison, TX 75020-8299 Email forms to: financialaid@grayson.edu • Fax forms to: 903.463.3908