



# Senate Bill 1528 Student Data 2026-2027

Return completed and signed form to:  
Email: [financialaid@grayson.edu](mailto:financialaid@grayson.edu)  
Fax: 903.463.3908  
Grayson College Office of Financial Aid  
6101 Grayson Dr. Denison, TX 75020-8299

### Requirements:

- Must have attended at least 3 years and graduated from a Texas High School.
- Must file a 2026-2027 FAFSA or TASFA.
- Must have resided in Texas for at least 12 months immediately preceding start of classes.
- Submit proof of lawful presence. (such as a Texas REAL ID or original, unexpired documents from US Dept of Homeland Security such as permanent resident card, I-94, or employment authorization under DACA.
- Must sign a notarized Affidavit (Attached).
- Must be meeting Financial Aid Satisfactory Academic Progress (a cumulative GPA of 2.0 or higher, pass 67% of attempted credits, and not exceeding 150% of the program’s max hours).
- Must complete Eligibility Statement Form.

\* = Required field

### Student Information

Student Name\*: \_\_\_\_\_ Email\*: \_\_\_\_\_  
 Student ID\* \_\_\_\_\_ Phone Number\*: \_\_\_\_\_  
 Date of Birth (m/d/yyyy)\* \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### Student Address

Street Address\*: \_\_\_\_\_  
 City, State, and Zip Code\* \_\_\_\_\_

### Academic Information

Name of Secondary School or High School in Texas: \_\_\_\_\_  
 Date Enrolled From (MM/YYYY): \_\_\_\_\_  
 Date Enrolled To (MM/YYYY): \_\_\_\_\_

### Immigration Information

Country of Citizenship: \_\_\_\_\_  
 Country and State of Residence: \_\_\_\_\_  
 Country of Birth: \_\_\_\_\_

## Signatures

Student Printed Name\*: \_\_\_\_\_

Student Signature\*  \_\_\_\_\_ Date (mm/dd/yyyy)\* \_\_\_\_\_

The information that I have provided is true and correct to the best of my knowledge. I understand that, if I fail to provide accurate information, I will be required to reimburse Grayson College for any funding I may have received for which I am not eligible and penalties may be imposed. I understand that, as long as I am attending Grayson College, it is my responsibility to notify the Financial Aid office at GC if there are any changes to the information I have provided in these statements of eligibility.

## Statement of Non-Discrimination/Equal Opportunity Policy

With respect to the admission and education of students; with respect to the availability of student loans, grants, scholarships, and job opportunities; with respect to the employment and promotion of teaching and non-teaching personnel; and with respect to the student and faculty activities conducted on the premises owned or occupied by the College, Grayson College shall not discriminate either in favor of or against any person on account of race, creed, color, gender, national origin, age, religion, or disability. GC does not discriminate on the basis of sex in the educational programs or activities it operates. Inquiries concerning the application of Title IX and its implementing regulations may be referred to the Title IX Coordinator or to the Office of Civil Rights. The Title IX Coordinator is the Director of Title IX and Student Conduct. 6101 Grayson Drive, Denison, Texas 75020, 903.415.2614

### Office Use Only

Approved  Denied TX HS 3YRS:  Yes  No COA: \_\_\_\_\_

Selective Service:  Yes  No Degree Seeking:  Yes  No SAI: \_\_\_\_\_ Awarded: \_\_\_\_\_

Independent  Dependent TX Resident:  Yes  No Unmet Need: \_\_\_\_\_

SAP:  Good  AP  Warn  Susp. Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

**AFFIDAVIT**

**STATE OF TEXAS**

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**COUNTY OF** \_\_\_\_\_

Before me, the undersigned Notary Public, on this day personally appeared. \_\_\_\_\_ ,  
known to me, who being by me duly sworn upon his/her oath, deposed and said:

1. My name is \_\_\_\_\_ . I am \_\_\_\_ years of age. I have personal knowledge of the facts stated herein and they are all true and correct.
2. I graduated or will graduate from a Texas high school or received my State of Texas Certificate of High School Equivalency prior to the start of the term for which I am applying for admission.
3. I resided or will have resided in Texas for thirty-six months preceding graduation from a Texas high school or receiving my State of Texas Certificate of High School Equivalency.
4. I have resided or will have resided in Texas for the twelve-months immediately preceding the census date of the semester in which I will enroll in \_\_\_\_\_ .  
(college/university)
5. I am able to demonstrate to the institution at which I seek to enroll that I am lawfully present in the United States.
6. I have filed or will file an application to become a permanent resident of the United States as soon as I am eligible to do so; and
7. I understand that it is a crime under section 37.10 of the Texas Penal Code to knowingly submit false information in this affidavit.

In witness whereof, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Student I.D. #)

\_\_\_\_\_  
(Student Date of Birth)

**SUBSCRIBED TO AND SWORN TO BEFORE ME**, on the \_\_\_\_\_ day of \_\_\_\_\_ ,  
to certify which witness my hand and official seal.

\_\_\_\_\_  
Notary Public in and for the State of Texas.