

Financial Aid Office

Contact Us: P: (972)881-5760 Financialaid@collin.edu

TEOG STATEMENT of ELIGIBILITY

Name:	CWID:
Please Read the	Statement Carefully Before Answering
Dear Student:	
	portunity Grant (TEOG). This program requires a minimum of 6 hours or more or ress Requirements. The initial award amount is based on full time enrollment (12)
If enrollment is less than full time on the census d for 6-8 hours; 75% for 9-11 hours; 100% for 12 or	late, (i.e. 6-11 hours), the amount of the award will be prorated accordingly (50% or more hours).
The State requires that students sign a Statement check the appropriate box and sign the statement	of Eligibility before this grant can be credited to your account. Please read, below.
Stateme	ent of Student Eligibility
	on offense under Chapter 481, Health and Safety Code (Texas Controlled sdiction involving a controlled substance as defined by Chapter 481, Health
Substances Act), or under the law of another juris	
Substances Act), or under the law of another juris and Safety Code?	sdiction involving a controlled substance as defined by Chapter 481, Health
 Substances Act), or under the law of another juris and Safety Code? * If your answer is yes, contact the financial air Texas Educational Opportunity Grant. I hereby certify that the information I have provided 	NoYes* id office to determine your eligibility to receive a ded is true and correct. I understand that if I fail to provide accurate institution and penalties may be imposed. By signing this document, I
* If your answer is yes, contact the financial air Texas Educational Opportunity Grant. I hereby certify that the information I have provide information, I may be required to reimburse the inagree that it is my responsibility to inform Collin Col	NoYes* id office to determine your eligibility to receive a ded is true and correct. I understand that if I fail to provide accurate institution and penalties may be imposed. By signing this document, I College if my status changes in the future. ore at Collin College by the start of the Fall semester of
* If your answer is yes, contact the financial air Texas Educational Opportunity Grant. I hereby certify that the information I have provide information, I may be required to reimburse the information agree that it is my responsibility to inform Collin Collin Collinger: If you have attempted 30 hours or more and Safety Code?	NoYes* id office to determine your eligibility to receive a ded is true and correct. I understand that if I fail to provide accurate institution and penalties may be imposed. By signing this document, I College if my status changes in the future. ore at Collin College by the start of the Fall semester of