

Financial Aid Office

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

TEOG STATEMENT of ELIGIBILITY

Name:		CWID:		
Please Read t	he Statement	: Carefully Before A	nswering	
Dear Student:				
You have been awarded a Texas Educati more ofenrollment and meeting Collin's	• • •	•	•	n of 6 hours o
The initial award amount is based on fu on the census date, (i.e. 6-11 hours), the 9-11 hours; 100% for 12 or more hours)	amount of the a			
The State also requires that students sig Please read, check the appropriate boxe			nt can be credited to you	ır account.
St	atement of St	udent Eligibility		
Have you ever been convicted of a fe	elony?	Yes	No	
Have you ever been convicted of an Substances Act, or under any law of Chapter 481, Health and Safety Code	another jurisdi		•	
,	•	Yes	No	
I hereby certify that the information knowledge. I understand that if I fail the institution and penalties may be financial aid office if my status concerthis institution.	to provide accimposed. I also	urate information, I of understand that it i	may be required to re my responsibility to in	imburse form the
Student's full name (printed)		Date		