

Date Received

Received By

Tracked

Texas Financial Aid Eligibility Form

St. Mary's University Office of Financial Assistance One Camino Santa Maria San Antonio, TX 78228 Phone: (210) 436-3141 Fax: (210) 431-2221

Email: finaid@stmarytx.edu

The State of Texas requires compliance with all eligibility requirements for the receipt of state grant and loan funding: Texas Residency, Selective Service registration, and must be current in child support.

As detailed in TAC, Title 5, Section 21.24, students must meet Texas Residency requirements. Under TEC, Title 3, Section 51.9095, an individual must file a statement of their Selective Service status with the institution confirming registration or exemption. Per TFC, Title 5, Section 231.006, students obligated to pay child support cannot be more than 30 days delinquent.

TUE	DENT INFORMATION					
	Last Name	First Name	M.I.	Student ID #		
	Address (include apt. no)	City	State	Zip		
	Email Address		Phone Number w/a	area code	 	
TE	XAS RESIDENCY QUESTION	S				
Ch	eck yes or no to each question	on.			Yes	No
	Did you graduate from a Texa atSt. Mary's University? Nam	e of High School and (City			
2)	Did you live in Texas 36 montl	ns prior to your gradua	ation or having received y	our GED certificate?		
3)	Did you live in Texas the 12 m University?	onths prior to the sem	ester you are starting at	St. Mary's		
4)	Are you a U.S. Citizen or Pern Affidavit of Intent to becoming					
	rou answered "yes" to all four qu ntact the Office of Financial Ass					stion,
I s r ti	Certification of Residency understand that officials of my status for residency eligibility. I a notify the proper officials of the instantial application is complete and ejection of my application, with a lisciplinary action.	authorize the college/unstitution of any chang correct and I understa	iniversity to verify the info ges in the information pro and that the submission o	rmation I have providually invided. I verify that the false information is	ded. I ag e inform grounds	ree to ation for
5	Student Signature:			_ Date:		
		***Proceed to				

RHACOMM

Imaged

In accordance with Texas Ed	ucation Code, Section 51.9095, eir institution or other entity gran	male students must file a Selective Service Statement sting financial assistance. For more information about
Please mark one option bel	ow:	
I was born male and 18 and not currently I was born male and Selective Service. I was born male and I am not registered to	and not required to register. If am under the age of required to register. If am REGISTERED with the age of 18. With Selective Service t from registration with	I was born male and am EXEMPT from registration because: (please briefly explain why you are exempt in the box below.)
I,above is true and accurate.	, hereby certify that	the Selective Service status statement provided
Student ID:	Signature:	Date:
	Title 5, Section 231.006, student must mark one option below.	s obligated to pay child support cannot be more than 3
ays delinquent. <i>All students</i>		
ays delinquent. <i>All students</i>	must mark one option below. ort in the State of Texas, and I a	
I pay child supp	must mark one option below. ort in the State of Texas, and I a ort in the State of Texas, and an	m current in payments.
I pay child supp I pay child supp I pay child supp I pay child supp	must mark one option below. ort in the State of Texas, and I a ort in the State of Texas, and an	m current in payments. n no more than 30 days delinquent in payments.
I pay child supp I do not pay child Certification of Child Supp I understand that officials of eligibility based on my child agree to notify the proper of that if the State of Texas fin state grant or loan funding. that the submission of false	port in the State of Texas, and I and ort in the State of Texas, and I and ort in the State of Texas, and I and ort in the State of Texas, and I and support in the State of Texas. The support of the Institution of I and I	n no more than 30 days delinquent in payments. m delinquent in payments by more than 30 days. e information submitted on this form to determine my niversity to verify the information I have provided. I anges in the information provided. I also understand ort by more than 30 days, I am no longer eligible for is application is complete and correct and I understand ion of my application, withdrawal of any offer of ac-

Office Use Only

RRAAREQ: TXRESI
BDM: Texas Residency