

2024-2025

Student SSN

DEPARTMENT OF FINANCIAL AID

Students who are awarded the Texas Education Opportunity Grant (TEOG) must complete and sign additional statements required by the Texas Higher Education Coordinating Board who authorizes these funds each year.

<u>1.</u> Have you ever been convicted of a felony <u>OR</u> an offense under Chapter 481, Health and Safety Code (Texas Controlled Substances Act), or under the law of another jurisdiction involving a controlled substance as defined by Chapter 481, Health and Safety Code?

□ No**

OYes*

*If you answer is yes, contact the financial aid office to determine your eligibility to receive a Texas Educational Opportunity Grant. **If your answer is no, it is your responsibility to inform the financial aid office if this status changes at any time while attending Weatherford College.

<u>2.</u>	I,, am not required to make any child support payments under any court or		
	because either (check one):		
	I do not have any children	igsqcup I am not obligated to pay child support	
	OR check	box to confirm:	

□ I am not in arrears (behind on payments) on any child support obligations by any State or Federal court order

3. Please complete the following form regarding your status of registration with Selective Service.

SELECTIVE SERVICE STATEMENT OF REGISTRATION STATUS

In accordance with <u>Texas Education Code, Section 51.9095</u> , male students must file a Selective Service Statement of Registration Status with their institution or other entity granting financial assistance. For more information about the Selective Service System, visit <u>sss.gov</u> . Please mark one option below:		
I was born male and am under the age of 18 and not currently	espain why you are exempt in the box below.j	
required to register.		
I was born male and am REGISTERED with the Selective Service.		
I was born male and am over the age of 18. I am not registered with		
Selective Service and I am not exempt from registration with Selective		
Service.		

I hereby certify that the information I have provided is true and correct. I understand that if I fail to provide accurate information, I may be required to reimburse the institution and penalties may be imposed.

Student's Printed Name

WC Student ID number

Student's Signature

Date

docs@wc.edu | Fax: 817-598-6206 | 225 College Park Drive |Weatherford, TX 76086 Revised 9/9/2022