



## Statement of Student Eligibility

### Office of Student Financial Aid

Please return form to the Office of Student Financial Aid in person at MSBII Rm 2C203, email ([elp.financialaid@ttuhsc.edu](mailto:elp.financialaid@ttuhsc.edu)), or mail to: Student Financial Aid, 137 Rick Francis St, El Paso, TX 79905.

#### Student Information

Name _____	R# _____
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#### Statement of Student Eligibility

Have you ever been convicted of a felony?

Yes       No

Have you ever been convicted of an offence under Chapter 481, Health and Safety Code (Texas Controlled Substances Act, or under any the law of another jurisdiction involving a controlled substance as defined by Chapter 481, Health and Safety Code?

Yes       No

#### Certification

I hereby certify that the information provided in this statement is true and correct to the best of my knowledge. I understand that if I fail to provide accurate information, I may be required to reimburse the institution and penalties may be imposed. I also understand that it is my responsibility to inform the financial aid office if my status concerning this statement of eligibility changes at any time while attending this institution.

\_\_\_\_\_  
Student Full Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date