

South Plains College

Financial Aid Office
1401 College Avenue; Box B
Levelland, TX 79336-1401
Fax #: (806) 894-8653
finaid@southplainscollege.edu

TEOG Application

NAME _____ Soc Sec # _____

(Your social security number is being requested because it is a unique identification number that is maintained for the purpose of verifying that the correct student record is being updated, for tracking purposes and for state and federal report requirements.)

Please answer the questions below, then **sign and return** this form to the Financial Aid Office by fax, email, mail, or hand-deliver.

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

_____ No _____ Yes

Have you previously received TEOG funds?

_____ No _____ Yes (If Yes, name of institution _____)

Current Phone number: _____

I hereby certify that the information I have provided is true and correct. I agree that by signing this form it is my responsibility to inform the Financial Aid Office, at South Plains College, if my status changes in the future. I understand that if I fail to provide accurate information, I may be required to reimburse South Plains College and/or the State of Texas and additional penalties may be imposed.

Student Signature

Date

OFFICE USE ONLY

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Date _____

Initials _____