



**South Plains College**

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## TEOG Application

Texas Educational Opportunity Grant

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_ SSN Last 4 Numbers: \_\_\_\_\_

Please answer the following questions, then SIGN & RETURN this form to the Financial Aid Office by fax, email, mail or in person.

Have you previously received TEOG Funds?

\_\_\_\_\_ No \_\_\_\_\_ Yes, if yes name of institution: \_\_\_\_\_

Have you ever been convicted of any felony, including but not limited to a felony or 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

### Selective Service Statement of Registration Status

*In accordance with Texas Education Code, Section 51.9095, 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 [sss.gov](http://sss.gov).*

Please mark ONE option below:

- ☐ I was born female and not required to register.
- ☐ I was born male, am under the age of 18 and not currently required to register.
- ☐ I was born male and am REGISTERED with 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 was born male and am EXEMPT from registration because (please briefly explain why you're exempt):  
\_\_\_\_\_

I hereby certify that ALL of the above information I have provided is true and correct. I agree that by signing this form it is my responsibility to inform the SPC Financial Aid Office if my status in any of the categories above change. I understand that if I fail to provide accurate information, I may be required to reimburse SPC and/or the State of Texas, and additional penalties may be imposed.

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

\_\_\_\_\_  
Date

### OFFICE USE ONLY

☐ Scan into Perceptive Content – Doc Type - TEOG      Date: \_\_\_\_\_      Initials: \_\_\_\_\_