

2019-20 (FY 2020) Educational Aide Exemption Funds Request Form

10000				1		
Date:		FICE Code:		Institution:		
		Contact	Informat	ion		
Position		Name		Email	Phone	
Financial Aid Director						
Reporting Financial Aid Officer						
Business Office Contact						
Current Request				By submitting this form, I certify that the amounts reported on this request form are		
Type of Program	Current amount b requested	Number of unique student awards being funded via current request*	accu infor	accurate as of today's date. I further understand the importance of the accuracy of this information, as it may be reported to the Texas Legislature and is subject to review during a program audit. Certifying Name and Title		
Educational Aid Exemption			Certi			
				, ,		
Year to Date Totals			Signa	ature	Date	
Total Educational Aid Exemption Allocation	Year-to-date amo requested includir current request**	ng student awards funded including	•	 I confirm that this is an original (not a duplicate) submission. I confirm that this is a revised request; below is the date of the original submission and the reason for the revision. 		
				Date of Original Subn	nission:	
request. ** The cumulative total	amount of funds reque f distinct students who	nds for the first time this award year via this current ested this fiscal year, including this request. have received funds this fiscal year, including those				

To send the completed form:

- Click the **SUBMIT** button.
 - o An email with this form attached will open in a new window.
- Enter the six-digit FICE code and file name in the subject line.
 - o Example: 012345_EAE Funds Request Form FY 2020.
- Click the SEND button to submit the form.

Forms that cannot be sent using the SUBMIT button should be manually completed, scanned, and emailed to FASOperations@thecb.state.tx.us.