

Good Neighbor Scholarship Program Recommendation 2019-20 (FY 2020)

Fiscal Year

2020

FICE Code

Institution Name

Student Priority*

Please select an option.

Student Information

First Name:*

Middle Initial:

Last Name:*

Date of Birth*

Type of ID:*

SSN Institution ID#

Is student classified by your institution as a U.S. resident?*

Yes No

Has student applied for U.S. permanent resident status?*

Yes No

Please indicate how the student meets the selective service registration requirement for this scholarship by selecting one for the following options:*

- Registered for Selective Service
 NOT registered for Selective Service
 Exempt from Selective Service registration (e.g. has a qualifying valid student visa)

Does student have any relatives working for the Texas Higher Education Coordinating Board (THECB)?*

Yes No

Is student meeting the institution's GPA requirement?*

Yes No

How long has student lived in Western Hemisphere?

Years* Months*

Country Codes:

Country of Birth*

Please select an option.

Citizenship*

Please select an option.

Permanent Residence*

Please select an option.

Program Officer's Certification

I hereby certify that the student recommended for this exemption has met our Institution's basic admissions and academic progress requirements. Furthermore, we have documentation on file that this student meets all program eligibility requirements.

Submitter's Name*

Program Officer

Signature*

Sign

Email Address*

Phone Number*

(Use format XXX-XXX-XXXX)

Submit Date

1/15/2019