

Children of Professional Nursing Faculty and Staff Exemption Application

AWARD TYPE (required):

First-time Award

Renewal Award

The Children of Professional Nursing Faculty and Staff program provides eligible students exemption from the payment of tuition (for each eligible term) at an eligible Texas public institutions of higher education. This exemption program aims to encourage students' parents to continue employment as professional nurse faculty or staff members in the state of Texas.

Applicant instructions: Complete Sections I and II of this application. Obtain a letter from your institution's Human Resource (personnel) Office, confirming your parent's employment. Submit that letter with the completed Sections I and II of this application to the Registrar or other responsible office at your institution.

SECTION I. STUDENT INFORMATION (ALL ITEMS TO BE COMPLETED BY APPLICANT)

To qualify for this exemption, you must be 25 years of age or younger at the beginning of the term for which this exemption is requested.

Last Name	First Name	MI	Social Security Number	Date of Birth
Street Address			Phone Number	
City	State	Zip	Email	
Applicant's Relationship to Parent (Institution may require documentation.) <input type="checkbox"/> Adopted Child <input type="checkbox"/> Biological Child				
Term and year in which you plan to use the exemption [select one term]: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year:				

SECTION II. PARENT EMPLOYMENT INFORMATION (ALL ITEMS TO BE COMPLETED BY APPLICANT)

To qualify for this program, you must be enrolled at the same institution your parent is currently employed or contracted.

Parent Last Name	Parent First Name	MI	Parent Social Security Number
Job Title	Department	Departmental Email	
Which degree and employment situation applies to your parent during the term for which this exemption is requested? <input type="checkbox"/> Parent holds a master's or doctoral degree in nursing and is either employed at the beginning of the term or is contracted during all or part of the term with an undergraduate or graduate professional nursing program at your institution serving as a member of the faculty or staff. <input type="checkbox"/> Parent holds a baccalaureate degree in nursing and is either employed at the beginning of the term or is contracted during all or part of the term by a professional nursing program at your institution as a teaching assistant.			

APPLICANT'S CERTIFICATION STATEMENT: I hereby certify that the information provided in SECTIONS I and II is true and correct.

Applicant's Signature	Date
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An applicant's eligibility must be confirmed by the institution every term.

SECTION III. ELIGIBILITY CONFIRMATION (COMPLETED BY REGISTRAR OR APPROVING OFFICE)

Institution Name	FICE Code
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Applicant's Texas Residency Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident (ineligible)	Applicant's Selective Service Status <input type="checkbox"/> Registered <input type="checkbox"/> Not Registered (ineligible) <input type="checkbox"/> Exempt	Does applicant hold a baccalaureate degree? <input type="checkbox"/> Yes (ineligible) <input type="checkbox"/> No
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Parent Employment Status
 Full-time Less than full-time (Proration of exemption applies, see [Texas Administrative Code \(TAC\), 21.217.](#))

Rules and regulations for this program can be found in [Texas Education Code \(TEC\), 54.355](#) and [TAC Title 19, Chapter 21, Subchapter I.](#)

A person who receives a continuation award through this program must meet the following requirements as defined in [TEC, 54.2001](#):

- Be meeting the institution's financial aid grade point average (GPA) requirement
- As an undergraduate student, must not have completed a number of hours prior to the beginning of the term for which the exemption is being applied that is considered excessive under [TEC, 54.014](#)

Note: Each institution is required to adopt a policy to allow an undergraduate student who fails to maintain a GPA or has completed a number of semester credit hours that is considered excessive under [TEC, 54.014](#) to receive an exemption in another semester or term on a showing of hardship or other good cause (see [TAC, 21.219](#)).

Name of Authorized Official	Title of Authorized Official
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INSTITUTION CERTIFICATION OF COMPLIANCE: I hereby certify that all rules and regulations were adhered to in determining applicant's eligibility.

Signature of Authorized Official	Date
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