

# South Plains College

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

## TEOG Grant 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.

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**

Scan to Filebound TEOG folder

Date \_\_\_\_\_

Add "Y" to TEOG field in Maintain (Plainview—Route)

Initials \_\_\_\_\_