TEXAS Tuition Equalization Grant Eligibility

Hardin-Simmons University—Office of Financial Aid

2200 Hickory St. • Box 16050 • Abilene, TX 79698 (325)670-1206 • 877-GO-HSUTX • (325)670-5822 FAX

STUDENT INFORMATION: (to be completed by student)

Name:	HSU ID #:
Date of Birth:	Daytime Phone #:
Email Address:	
FINANICIAL AID (TEG) ELIGIBILITY: ((to be completed by Financial Aid Officer)
Did the student receive TEG from your institution? ☐ Yes	□ No
If "yes," please indicate the first year in which the student rece	ived TEG:
For how many years did the student receive TEG?	yrs
Did the student leave your institution in good standing (according to TF	EG rules as set by the THECB)? ☐ Yes ☐ No
Additional Comments:	
Financial Aid Officer Signature:	Date:
Student Signature:	Date: