TEXAS Tuition Equalization Grant Eligibility

Hardin-Simmons University—Office of Financial Aid

2200 Hickory St. OBox 16050 OAbilene, TX 79698 (325)670-1206 OB77-GO-HSUTX OE325)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 st	tudent received TEG:
For how many years did the student receive TEG?	yrs
Did the student leave your institution in good standing (accounts)	r ding to TEG rules as set by the THECB)?
Additional Comments:	
Financial Aid Officer Signature:	Date:
Student Signature:	Date:
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