

Application for Institutional Family Grant

Please fill out this form completely and return it to the Office of Financial Aid <u>after</u> you have registered for the term for which you are applying. All fields must be completed. <u>Please print or type.</u>

Student Information				
Name of Student	HSU Student ID (do not use Social Security #)			
Local Address	City/ZI	P	Local Phone Number	
Academic Year	Term (Semester)		Hours Enrolled at HSU	
Will you be auditing a course?	Yes No	If yes, ho	w many hours?	
	Employee Inform	mation		
Name of Faculty/Staff Member	HSU Department Employed by			
Relation to the above Student		Date of Hire		
 the year preceding enrollment HSU will not pay for any repeat A cumulative GPA of 2.0 is required Award is tuition-specific and Institutional Aid. The grant is limited to credit of through the Patty Hanks Shelton Doctor of Leadership program, as well as courses in 	other requirements of do and throughout the period and throughout the period ted class while under the uired for continuation. may not exceed one human ourses offered by HSU for School of Nursing the Doctor of Ministry por international study, and of Leadership can be covered.	od in which ender Institutional undred percentor which regulation, to the regulation of the regram, Physical dintercollege fered at 50% under the regram of	Family Grants. It (100%) tuition in combination with other Itar HSU tuition is assessed; courses offered the Doctor of Physical Therapy program, the cian Assistant program, courses are NOT included. Inder the Institutional Family Grant program	
Signature of Employee Signature of Dependent			Date Date	
Rev. 12/16/2020	Office of Financial A Attn: Director of Financi HSU Box 16050 Abilene TX 79898	al Aid	For FA Director use only: Eligibility for IFG benefit approved by HR Office (check box)	

(325) 670-1206 (325) 670-5822 fax

877-GO-HSUTX