

Frank Phillips College

Student Data Form

Student Financial Services
PO Box 5118
Borger, TX 79008-5118

READ CAREFULLY - ALL SPACES MUST BE ANSWERED

Student Name _____
Last First Middle

Permanent Mailing Address _____
Street City State Zip

Cell Phone _____ Work Phone _____ Home Phone _____

To receive aid, you must be seeking a degree or certificate at Frank Phillips College, and your program of study must be one that is eligible for financial aid and the classes you enroll in must apply to your degree or certificate. **Program of study (Do NOT leave blank)** _____

High School Graduation Date _____ GED completion date _____

Did you graduate with Recommended, Distinguished or Honors status? Yes or No _____

Men only: Registered with Selective Service? Yes or No _____

Prior college? Yes or No _____ if yes, what college and date? _____ MMDDYY

STATEMENT OF STUDENT ELIGIBILITY

Have you ever been convicted of a felony or an offense under Chapter 481, Health and Safety Code (Texas Controlled Substances 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 been convicted for the possession /sale of illegal drugs in a federal/state court while you were attending college? No _____ Yes* _____ * If yes, please contact Student Financial Services.

The student is responsible to notify SFS of any class changed, (drop, withdrawal) from the initial enrollment. The student is responsible to repay any overpayment made to the student as a result of a class change. ***The student is responsible to notify SFS of any conviction from this date forward.***

I HEREBY CERTIFY that the information I have provided is true and correct. I understand that if I fail to provide accurate information, I may be required to reimburse Frank Phillips College any federal/state funds used on my behalf and additional penalties may be imposed.

Student Signature

Date