

Alvin Community College Statement of Student Eligibility

Last Name _____ First Name _____ ACC ID Number _____

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? Yes* _____ No** _____

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 the institution and penalties may be imposed.

I also accept responsibility for informing the ACC Financial Aid Office if my status changes at any time while attending Alvin Community College.

Due to limited funds, submission of this form does not guarantee that you will receive additional grant funds.

Student Signature _____ Date _____

*If your answer is yes, contact the financial aid office to determine your eligibility to receive a Texas Grant.

**If you answer is no, it is your responsibility to inform the ACC Financial Aid Office if your status changes at any time while attending ACC.