

SECTION E: Household Information – Complete Box A if *independent* **OR** complete box B if *dependent*.

Box A

Fill out this section with information about (**Yourself** and your **Spouse**).

Write in the name, age, and relationship of the people in your household that you (and your spouse) will support between July 1, 2007 and June 30, 2008. Include yourself and your spouse. Include your children if they get more than half their support from you. Include other people only if they meet the following criteria: 1) they live with you and get more than half their support from you (or your spouse), and 2) they will continue to get more than half their support from you from July 1, 2007 through June 30, 2008. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.) Also write in the name of the college for any family member (excluding parents) who will be enrolled at least half-time (6 hrs.) in 2007-2008 in a program that leads to a college degree or certificate.

Full Name	Age	Relationship	College
_____	_____	SELF	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of persons listed above who will be enrolled in college for at least 6 credit hours between July 1, 2007 and June 30, 2008. Always count yourself, even if you will be enrolled for less than full-time.

Box B

Fill out this section with information about (**Yourself** and your **Parents**).

Write in the name, age, and relationship of the people in your household that your parents will support between July 1, 2007 and June 30, 2008. Include your parents and yourself. Include your parent's dependent children (if your parents provide more than half their support or if they would be required to give parental information when applying for Federal student aid.) Include other people only if they meet the following criteria: 1) they live with your parents and get more than half their support from your parents, and 2) they will continue to get more than half their support from your parents from July 1, 2007 through June 30, 2008. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.) Also write in the name of the college for any family member (excluding parents) who will be enrolled at least half-time (6 hrs.) in 2007-2008 in a program that leads to a college degree or certificate.

Full Name	Age	Relationship	College
_____	_____	SELF	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of persons listed above who will be enrolled in college for at least 6 credit hours between July 1, 2007 and June 30, 2008. Always count yourself, even if you will be enrolled for less than full-time. **DO NOT INCLUDE PARENTS.**

SECTION F: Other Aid and Resources

Report below any scholarships, fellowship, and/or financial assistance you expect to receive during 2007-2008 school year:

Workforce Investment Act	\$ _____
Arkansas or Texas Rehabilitation Commission	\$ _____
Scholarship(s)/Fellowships	\$ _____
Other Outside Resources that fund your education	\$ _____

Would you like to be considered for Federal College Work-Study? Yes _____ No _____
 (If yes, complete work-study application available in the Financial Aid Office)

While attending Texarkana College for 2007-2008, I plan to live: (circle one)

On Campus Off Campus With Parent

TOTAL CHILD SUPPORT received for the entire year of 2006 by members of household as listed in Section A or B. \$ _____

SECTION G: SAP (Satisfactory Academic Progress)**I. GPA REQUIREMENT AND ABILITY TO BENEFIT**

- A. Financial Aid recipients must have graduated from an accredited high school or received a GED. (Note: any student who graduated from a non-traditional high school or home study program will be conditionally admitted to the academic program at Texarkana College provided they pass all sections of the Federal Approved Ability to Benefit Test. Those who elect not to take the ATB Tests or fail any part thereof, will be admitted on a probationary status for the first semester of enrollment. In this case, no financial aid will be awarded to any student who enrolls in the academic program until satisfactory academic progress is proven.)
- B. All returning and transfer financial aid recipients must have a cumulative grade point average of 1.5 semester/cumulative with 29 hours or less attempted and 1.50 semester and 2.00 cumulative with 30 or more attempted. The Financial Aid Office at Texarkana College will consider all work attempted at other institutions to arrive at the cumulative grade point average.
- C. A student who has 1-29 credit hours attempted must have a minimum grade point average of 1.50 semester/quarter and cumulative.
- D. A student who has 30 or more credit hours attempted must have a minimum grade point average of 1.50 semester/quarter and a 2.00 cumulative.

II. COMPLETION REQUIREMENT

- A. For financial aid purposes only, grades of 'F', 'I', or 'NC' on any college transcript will be counted as hours attempted, with no grade points.
- B. A student who received aid for **12** credit hours or more must complete a minimum of **9** credit hours.
- C. A student who received aid for **9-11** credit hours or **6-8** credit hours must complete a minimum of **6** credit hours.
- D. A student who received aid for **5** credit hours or less must complete **all** hours.
- E. A student who received aid for a Vocational Program full-time or half-time must complete **all** hours.

III. FAILURE TO MEET SATISFACTORY ACADEMIC PROGRESS

- A. Any student who fails to meet the standards of academic progress while receiving financial aid at Texarkana College will not be eligible the following period of enrollment until the following criteria is met:
 1. Hour Requirement – Complete the required minimum number of hours as indicated in Section II Completion Requirement with no financial aid being extended during this period of enrollment.
 2. GPA Requirement – Complete a period of enrollment (no minimum hour requirement) with satisfactory grade point average as indicated in Section I. C&D, with no financial aid being extended during this period of enrollment.

Any student who wishes to appeal the loss of financial aid for failure to meet Satisfactory Academic Progress may do so through the Financial Aid Office.

SECTION H: Releases and Signatures

Read, Sign, and Date

All the information provided by me or any other person on this form is true and complete to the best of my knowledge. I understand that this application is being filed jointly by all signees. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my U. S. or state income tax return. I also realize that if I do not give proof when asked, the student may be denied aid.

Certification Statement on Overpayments and Defaults

I understand that I may not receive any Federal Title IV, HEA funds if I owe an overpayment on any Title IV educational grant or am in default on a Title IV educational loan unless I have made satisfactory arrangements to repay or otherwise resolve the overpayment or default. I also understand that I must notify my school if I do owe an overpayment or am in default.

Statement of Educational Purpose

I certify that I will use any Federal IV, HEA funds I receive during the award year covered by this application solely for expenses related to my attendance at the institution of higher education that determined or certified my eligibility for those funds.

I WILL IMMEDIATELY NOTIFY THE DEPARTMENT OF STUDENT FINANCIAL AID OR ANY CHANGES IN MY FINANCIAL STATUS, INCLUDING THE RECEIPT OF ADDITIONAL SCHOLARSHIPS, GRANTS, LOANS, OR OTHER EDUCATIONAL BENEFITS. I UNDERSTAND THAT MY ORIGINAL OFFER OF FINANCIAL ASSISTANCE MAY BE REVISED IF I RECEIVE ADDITIONAL AID. I MAY BE REQUIRED TO REPAY MONIES I RECEIVED IN EXCESS OF COST OF ATTENDANCE.

By signing this form, I certify that all of the information reported to qualify for Federal Student Aid is complete and correct to the best of my knowledge. If there are corrections deemed necessary by the Texarkana College Financial Aid Office after verifying reported information, I give that office permission to make those corrections. **WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS WORKSHEET, YOU MAY BE FINED, BE SENTENCED TO JAIL, OR BOTH.**

The student (and at least one parent, if parental information is given on the FAFSA) must sign below or this form will be returned unprocessed.

Signatures

Student _____ Date this form was completed:

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Parent _____ Date this form was completed:

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