Deadlines: Summer & Study Abroad - March 1 Fall - May 1 Spring – October 1



Continuing Student Application for Financial Aid 2017-2018 □ Check if this is your first time applying for financial aid

Name:						
Last STCLH ID #: G000 D		First			Middle	
					☐ Male ☐ Female	
Permanent A	ddress:					
Number	Street	City St	ate Zip		County (i.e.: Harris)	
Local Addres	s:					
Number	Street C	Sity St	ate Zip		County (i.e.: Harris)	
STCLH E-ma	ail Address:					
Home#:		Work#: Ce		Cell#	:	
	☐ No, I am not a US copy of both sides of form I	citizen, but I am a	•		am on a Student Visa. tudent Visa).	
(Student I	s required to select one)					
2. Reside	ncy I am a resident of Te I have lived in Texas I have NOT lived in I am not a resident of	s for 12 months prior Texas for 12 month	or to enrolling as a	a student ng as a s	t at any institution. tudent.	
3. I entere	ed STCLH in:	□ Fall 20	□ Spring 20			
4. I plan t	o enroll in the fall, 2017:	□ Full-time	☐ Part-time			
5. I plan t	o enroll in the spring, 2018:	□ Full-time	☐ Part-time			
6. a. For <i>D</i>	Dec., 2017 Grads Only:	I plan to enroll:	☐ Full-time		□ Part-time	
6. b. For <i>M</i>	May, 2018 Grads Only:	I plan to enroll:	☐ Full-time		☐ Part-time	

Signature		Da	te
I give permission for academic, financial, and persona of Law Houston to appropriate agencies, organizati awarding scholarships or other financial aid, and to be course of any of the College's business or affairs. I h from any liability on account of such release or use of a	ons, corporate used by Southereby release	tions, and/or h Texas Coll South Texa	persons for purposes of ege of Law Houston in the
Information Relea	se Authoriz	<u>zation</u>	
ALL STUDENTS MUST READ, COMPLETE, AND IF THE STATEMENT APPEARS TO BE INAPPLE THE BOTTOM OF THE PAGE, THEN SIGN:			
\square No \rightarrow If you select NO, you are required	to complete t	the TEG app	lication
	e the TEG app	plication	
9 . I have previously submitted a Tuition Equalization (do not take into consideration any other graduate in			
8. I am currently delinquent and or 30 days past due on \Box Yes \Box No	child support	payments.	
7. I would like to be awarded Federal Work Study if I'n	n eligible:	□ Yes	□ No

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