

New Student Application for Financial Aid 2016-2017

Name:						
Last	F	First Date of Birth:		Middle		
Social Security #:	D					
Permanent Address	Sex: □ □ Male □	□ Female	2			
Street	City	State	Zip	County (i.e.: Harris		
Local Address (if kı	nown):					
Street	City	State	Zip	County (i.e.: Harris		
E-mail Address:						
Phone: Home#:	Work#:		Cell#: _			
	Yes, I am a Unite No, I am not a U. on a Student Visa both sides of form I-151 or	S. citizen, but	I am an eligib	ole non-citizen or I am I, or Student Visa)		
(Student is requir	red to select one)					
2. Residency	 □ My residency in □ □ I have lived in Te at any institution □ I have NOT lived student 	I have NOT lived in Texas for 12 months prior to enrolling as a				

3. I <u>am</u> curr	ently delinquent an	d or 30 days pa □ Yes □	st due on child support payn	nents:		
4. I am a re-	admitted student:	□ Yes	□ No			
5. I am applying for enrollment as: \Box \Box Full-time \Box Part-time						
For <u>spring</u>	2017 applicants	s only:				
I plan to complete my <u>Undergraduate</u> degree in December 2016 and I am currently on financial aid.						
		□ Yes	□ No			
ALL STUDENTS MUST READ, COMPLETE, AND SIGN THE FOLLOWING CERTIFICATION. IF THE STATEMENT APPEARS TO BE INAPPLICABLE, PLEASE STATE THE REASON AT THE BOTTOM OF THE PAGE, THEN SIGN:						
Information Release Authorization						
I give permission for academic, financial, and personal information to be released by South Texas College of Law Houston to appropriate agencies, organizations, corporations, and/or persons for purposes of awarding scholarships or other financial aid, and to be used by Houston in the course of any of the College's business or affairs. I hereby release South Texas College of Law Houston from any liability of release or use of any such information.						
Signature				Date		

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