

Student Signature

## TEXAS GRANT CONTROLLED SUBSTANCE STATEMENT OF STUDENT ELIGIBILITY

The Texas Higher Education Coordinating Board (THECB) requires institutions to collect a statement confirming eligibility

in rela		's controlled substa	nce restrictions from	m each Texas Grant recipient prior to the disburser	ment
	Name	Last Name	MI	ASU Campus ID	7
STEF	P 1: Statement	of student elic	gibility and cer	tification statement	_
Have y Substa	ou ever been convi	cted of a felony or a the law of another j	nn offense under Ch urisdiction involving	apter 481, Health and Safety Code (Texas Controllog a controlled substance as defined by the Chapter	
О <sub>Y</sub>	'ES	NO			
*If you	ı answer is yes, con	tact ASU Financial A	Aid Office to detern	nine your eligibility for the Texas Grant.	
offens jurisdi	e under Chapter 483	1, Health and Safety ntrolled substances	Code (Texas Contro as defined by Chapt	"if the person has been convicted of a felony or a colled Substance Act), or under the law of another ter 481, Health and Safety Code, unless that personapter and has:	
2)	Received a certificate of discharge by the Texas Department of Criminal Justice or a correctional facility or completed a period of probation ordered by a court, and at least two years have elapsed from the date of the receipt of completion; or  Been pardoned, had the record of the offense expunged from the person's record, or otherwise has been released from the resulting ineligibility to receive a grant under this subchapter."  Citation: Texas Grant initial awards TEC 56.304(b) Renewal awards TEC awards TEC 56.305 (b)				
STEF	2: Document	ation Certificat	tion		
Your s	ignature on this doc	ument confirms you	ur acknowledgemer	nt of the following:	
•	I hereby certify the I certify that if in t	entation may be rec at the information I he future while rece	have provided is tr	nt award, I am convicted of a felony or an offence	ł

Texas Higher Education Coordinating Board, the State of Texas, and penalties may be imposed.

I understand that if I fail to provide accurate information, I may be required to reimburse the institution, the