

2021-2022  
Student Information Form



Office of Financial Aid  
500 College Drive, Lake Jackson TX 77566  
Phone: 979-230-3377 Fax: 979-230-3543  
Email: finaid@brazosport.edu

Student Name \_\_\_\_\_ Phone # \_\_\_\_\_

**FINANCIAL AID COMMUNICATION**

- I understand that the Brazosport College (BC) email is the **OFFICIAL** means of communication between the Financial Aid Office and students. \_\_\_\_\_ **Initials**
- I acknowledge that I am responsible for maintaining and reviewing my brazosport.edu email. \_\_\_\_\_ **Initials**
- I certify that if my address or phone number(s) change I will notify Financial Aid immediately. \_\_\_\_\_ **Initials**

**GRANT ELIGIBILITY**

- **Have you 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 \* If yes, please complete Student Aid Eligibility Worksheet

I also understand that it is my responsibility to inform the financial aid office if my status concerning this statement of eligibility changes at any time while attending this institution.

**TRANSCRIPT INFORMATION**

- I understand that I must submit transcripts from every accredited and unaccredited institution/college and/or career school I have attended. \_\_\_\_\_ **Initials**
- I acknowledge that my entire academic history will be reviewed and evaluated before I can be eligible to receive any Federal Grants, Federal Direct student loans and/or state aid. \_\_\_\_\_ **Initials**
- I understand that I **MUST** qualify both academically and financially for all financial aid awards. \_\_\_\_\_ **Initials**
- Please list below previous colleges/universities attended. If you have not attended other schools write "NONE".  
1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**DISBURSEMENT OF FINANCIAL AID FUNDS**

- I agree to allow BC to charge my account for the amount of tuition, fees, books and other educationally-related charges. Bookstore charging periods will be posted at [www.brazosport.edu/finaid](http://www.brazosport.edu/finaid). \_\_\_\_\_ **Initials**
- I understand that remaining financial aid funds will be disbursed to eligible students via direct deposit fourteen (14) days after the Official Reporting Day of each semester (the 12th day of each semester) only if I am attending courses. **Note:** Loan funds are not disbursed to students until 30 days after classes begin. \_\_\_\_\_ **Initials**
- I understand that if I cannot attend my courses for any reason, I must drop and/or withdraw myself from classes and notify the Financial Aid Office immediately. I will then be responsible for any tuition, fees, books and other educationally-related charges that were charged to my account since I will no longer be eligible for financial aid. \_\_\_\_\_ **Initials**
- I understand that the Brazosport College Financial Aid Office reserves the right to cancel or revise my aid, including possible repayment of aid, at any time for reasons that include but are not limited to the following: failure to make satisfactory academic progress and/or changes in my financial need. \_\_\_\_\_ **Initials**

**SATISFACTORY ACADEMIC PROGRESS (SAP) & EDUCATIONAL GOAL**

- I understand that a drop, withdrawal, notification of nonattendance, or an unofficial withdrawal from my courses may result in a decrease or cancellation of my financial aid awards. \_\_\_\_\_ **Initials**
- I understand that I must maintain SAP toward the completion of my program of study to remain eligible for all financial aid each semester. \_\_\_\_\_ **Initials**
- I certify that I am attending BC to obtain a  Bachelor's,  Associate's degree or  certificate in \_\_\_\_\_ and that the federal/state financial aid I may receive will only be used for educational purposes and to pay the cost of attending BC. I understand that the information given to financial aid must match the major listed in Admissions. \_\_\_\_\_ **Initials**

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.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Brazosport College Student ID

\_\_\_\_\_  
Date