2007-08 Application for an Educational Aide Exemption

PLEASE READ THE INSTRUCTIONS ON THE BACK TO ACCURATELY COMPLETE THE APPLICATION

DO NOT FAX

PART I TO BE COMPLETED BY APPLICANT (Be sure to complete all questions or application will be rejected):

1. Last Name	First Name	Middle Initial	2. Social Security Number
3. Street Address			4. Telephone Number ( )
City	State	Zip	

5. College To Be Attended: _____
(If you will be attending more than one college, a separate application must be submitted for each school.)

6. Estimated # College Hours to be taken per term: Fall 2007 _____ Spring 2008 _____
(List number of hours per term)

7. Ethnicity (optional) ( ) African American/Black ( ) American Indican or Alaskan Native ( ) Asian or Pacific Islander
( ) Hispanic or Latino ( ) White/Non Hispanic

8. Check One: FAFSA already filed_____ FAFSA will be filed_____ 2006 Tax Return Attached_____

CERTIFICATION - I herby certify that I understand I need to meet satisfactory academic progress according to the college's financial aid office. I understand my financial need may change according to the number of hours for which I register. I will enroll in classes leading to teacher certification.

_____ _____
Student Signature **Date**

STOP!! Please forward this application to the Personnel Office of the School District you are employed with.

PART II TO BE COMPLETED BY SCHOOL OR SCHOOL DISTRICT (Be sure to complete all questions or application will be rejected):

1. Does the applicant qualify for the awards as: **(District representative; initial the proper line).**

_____ (a) an educational aide _____(b) a substitute teacher

2. If as an aide, give dates for their employment as an aide (minimum requirement is 1 academic year full-time experience within the past 5 years):
From _____ /_____ /_____ To _____ /_____ /_____ (LESS THAN ONE YEAR, NOT ELIGIBLE)
(Employment doesn't have to be at same school district or in consecutive years (attach a sheet if more space is needed))

3. If as a substitute teacher, do you have proof in your files of at least 180 full days of employment as a substitute teacher during the past 5 years?
( ) Yes ( ) No (NOT ELIGIBLE)

4. Will the applicant be employed by your school district during the Fall 2007 term?
( ) Yes ( ) No (NOT ELIGIBLE)

CERTIFICATION - I have checked employment records and hereby certify that the applicant meets program employment requirements.

School District	County District Number: (ISSUED BY TEXAS EDUCATION AGENCY)	Date
Signature of AUTHORIZED PERSONNEL OFFICIAL only	Title	Telephone No. ( )

STOP!! Please forward this application to the Financial Aid Office of the College

PART III TO BE FILLED OUT BY FINANCIAL AID OFFICE (Be sure to complete all questions or applicaton will be rejected):

1. Texas Resident? ( ) Yes ( ) No (NOT ELIGIBLE) 2. ( ) Single Independent ( ) Single Dependent ( ) Married

3a. Financial Need if filed FAFSA $ _____ If Need <= 0, indicate No
(Cost Less Estimated Family Contribution and Gift Aid) Need and submit to CB

3b. AGI if qualifying based on the Adjusted Gross Income $ _____

4. Estimated awards through this exemption: Fall 2007 _____ Spring 2008 _____

CERTIFICATION - I hereby certify that I have applied or caused to be applied all rules and regulations regarding this program in determining student eligibility and recommending this student for the award indicated above. I will maintain the necessary records to justify this award in case of a program audit.

Institution Name		6-digit Fice Code	Date
Signature of Director of Financial Aid	Printed or Typed Name		Telephone No. ( )

Financial Aid Office - Mail this completed form June 1, 2007 through July 1, 2008 directly to Kathryne Ford at:
The Texas Higher Education Coordinating Board,Division of Student Services, P.O Box 12788, Austin, Texas 78711. **03/07**