

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 # _____ Email _____@brazosport.edu

CONTACT INFORMATION

The Brazosport College (BC) email IS THE OFFICIAL MEANS of communication between the Financial Aid Office and students. Each student is responsible for maintaining and reviewing their Brazosport.edu email.

- I understand that my Brazosport.edu email is the official means of communication with financial aid. _____ **Initials**
- I certify that my address and phone numbers on record with the BC Registrar's Office are accurate. _____ **Initials**

TRANSCRIPT INFORMATION

Students **MUST** qualify academically and financially for Financial Aid. List previous colleges/universities attended (If no other schools write "NONE")

1. _____ 3. _____
2. _____ 4. _____

- I understand my entire academic history, from every accredited and unaccredited institution/college and career school I have attended, will be reviewed and evaluated before receiving financial aid. I will submit all transcripts to financial aid. _____ **Initials**

GRANT ELIGIBILITY

- Are you in arrears in child support payments? Yes No
- **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

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. _____ **Initials**
- I understand that remaining funds reflecting the balance of my financial aid will be available from BC fourteen (14) days after the Official Reporting Day of each semester (the 12th day of each semester). **Note:** Loan funds are not disbursed until 30 days after classes begin. _____ **Initials**
- I understand that if I choose not to attend I must withdraw myself from classes by completing a withdrawal form and notifying the Financial Aid Office. I understand that I am then responsible for any tuition, fees, books and other educationally-related charges that were charged to my account. _____ **Initials**
- BC reserves the right to cancel or revise your 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, changes in the availability of funding, changes in marital status, and changes in financial resources. _____ **Initials**

SATISFACTORY ACADEMIC PROGRESS (SAP)

- I understand that a drop, withdrawal, 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. _____ **Initials**

EDUCATIONAL GOAL

I certify that I am attending BC to obtain a degree or certificate and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending BC. _____ **Initials**

STATEMENT OF UPDATED INFORMATION

I certify that, as of the date I signed this statement, all information regarding my dependency status, number of family members, and number of family members attending college indicated on my FAFSA reflect any changes that have occurred since I applied, other than any changes caused by a change in marital status. _____ **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 _____