

UNIVERSITY of HOUSTON

OFFICE OF SCHOLARSHIPS & FINANCIAL AID

2013-2014 TEXAS Grant Hardship Provision Request Form

Submission Deadline

Fall: November 1, 2013

Spring: February 14, 2014

This form can only be completed by previous TEXAS Grant recipients.

First Name	Last Name	myUH ID	Email Address
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The State of Texas requires that students who receive the TEXAS Grant must meet and maintain all of the following:

- Satisfactory Academic Progress (SAP)
- Enroll in at least **9 credit hours** per semester of award
- Cumulative **GPA of 2.50**
- Complete/Pass **24 credit hours** in an academic year
- Pass **75% of the classes attempted** in an academic year

If eligible, complete this form and attach your typed personal statement explaining why you did not meet the eligibility requirements **and** necessary documentation to support your reason(s) for the request. The explanation must be detailed, clearly stated and limited to one page. If your request is approved, the TEXAS grant will be reinstated for the 2013-2014 academic year provided you are enrolled in at least 9 credit hours each semester unless graduating.

This form must be submitted via email to sfragrants@uh.edu only; do not submit form in-person at the Welcome Center or by fax.

My hardship request is based on the following:

- ☐ Medical (severe illness or other debilitating condition)
- ☐ Family (illness or death of a family member)
- ☐ Caretaker (responsibility for the care of a sick, injured, or needy person)
- ☐ Graduation **Fall 2013** **Spring 2014** and enrolled in 6 to 8 credit hours. I have attached a letter from my Academic Advisor indicating hours needed to complete my degree. (Award is prorated based on hours of enrollment.)
- ☐ Other (please explain) _____

Student Certification: I understand that decisions are made on a case-by-case basis. I understand the submission of this form does not constitute an approval of my request. I will be notified of the decision by email at the address provided through People Soft Self Service in approximately 4 weeks. I understand the decision made by the committee is final. ***Any fees I may owe the university are due on the date specified regardless of the status of my hardship.***

Student Signature

_____/_____/_____
Date

FOR OFFICE USE ONLY

Prior Hardship Request: YES _____ NO _____ GPA: _____ Total Hours Completed: _____ Completion Rate: _____

Current Enrollment Hours: _____ Decision: APPROVED _____ DENIED _____

Staff Signature

_____/_____/_____
Date

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.

University of Houston - Office of Scholarships and Financial Aid

This form must be submitted via email to: sfragrants@uh.edu