

Application for Institutional Family Grant

Please fill out this form completely and return it to the Office of Financial Aid after you have registered for the term for which you are applying. All fields must be completed. Please print or type

term for which you are applying. An inclus	s must be completed.	ricase print or typer
	Student Inform	ation
Name of Student		HSU Student ID (do not use Social Security #)
Local Address	City/ZI	P Local Phone Number
Academic Year	Term (Semester)	Hours Enrolled at HSU
Will you be auditing a course?	□ Yes □ No	If yes, how many hours?
	Employee Inform	nation
	-	
Name of Faculty/Staff Member		HSU Department Employed by
Relation to the above Student		Date of Hire
I understand:		
	<u> </u>	me employee's unmarried child through the age of twenty-
five (25) years, who meets all the year preceding enrollment	•	ependency as specified by the Internal Revenue Code for
HSU will not pay for any repea	•	
 A cumulative GPA of <u>2.0</u> is req 		•
	may not exceed one hu	ndred percent (100%) tuition in combination with other
Institutional Aid. The grant is limited to credit o	courses offered by HSU fo	or which regular HSU tuition is assessed; courses offered
•	_	SN program, the Doctor of Physical Therapy program, the
		ogram, Physician Assistant program, Health Services
		I intercollege courses are NOT included.
	<u>-</u>	ered at 50% under the Institutional Family Grant program am is eligible for the IFG tuition discount.
_		current HSU Personnel Handbook.
Cinnature of Employee		Data
Signature of Employee		Date
Signature of Dependent		Date
Signature of Dependent		Date
	Office of Financial Ai Attn: Director of Financia	For FA Director use only:
	HSII Boy 16050	Eligibility for IFG benefit approved

Abilene, TX 79698 877-GO-HSUTX — (325) 670-1206 - (325) 670-5822 fax

by HR Office (check box)