



## Texas Core Residency Questionnaire

|                       |                      |             |
|-----------------------|----------------------|-------------|
| <b>Name:</b>          | <b>Student ID #:</b> |             |
| <b>Date of Birth:</b> |                      |             |
| <b>Address:</b>       |                      |             |
| <b>City:</b>          | <b>State:</b>        | <b>Zip:</b> |
| <b>Phone:</b>         | <b>Email:</b>        |             |

Texas regulations require Parker University to obtain information regarding student's eligibility for state funding such as the Tuition Equalization Grant (TEG). To be eligible for Texas State funding, you must meet state residency requirements. The information requested below will be used to determine your state residency status for the 2019-2020 academic year. Failure to complete and return this form could result in cancellation of state funding for which you may be eligible.

| Part A - Basis of Claim to Residency (Please complete all check boxes and blanks)  | Yes | No |
|--|-----|----|
| 1. Are you a Texas resident?   |     |    |
| 2. Did you or will you graduate from a Texas high school (receive a diploma) or complete a GED in Texas prior to the semester to which you are applying to Parker University?<br><br>Graduation Year: _____ GED Completion Year: _____ |     |    |
| 3. Did you or will you have lived in Texas for the 36 months leading up to your high school graduation or completion of the GED?   |     |    |
| 4. When you begin the term for which you are applying at Parker University, will you have lived in Texas for the previous 12 months?   |     |    |

| Part B - Basis of Claim to Residency (Please complete all check boxes and blanks) | Yes | No |
|---|-----|----|
| 1. Are you a US Permanent Resident?   |     |    |

If you answered yes to all of the above questions, please certify below and return this form to the Financial Aid Office.

| Certification Statement   |       |
|---|-------|
| I understand that officials at Parker University will use information provided on this form to determine my status for residency eligibility for TEG. I agree to notify the proper officials of any changes to the information provided. I certify that the information on this form is complete and correct. I understand that the submission of false information will result in automatic rejection of this application, withdrawal of any offer acceptance, and/or appropriate disciplinary action. |       |
| Student Signature:  | Date: |

| For the Financial Aid Office Use Only                                | Yes | No |
|--|-----|----|
| Registered in at least ¾ time status for the term/tri to be awarded? |     |    |
| Current GPA?   |     |    |
| Student has unmet need?  |     |    |
| Meets residency requirements as outlined above?                      |     |    |

NOTE: Effective with the 2019-2020 award year, students who qualify for an initial award of TEG will not need to reapply in future years. Eligibility for an initial award will result in automatic consideration for renewal TEG awards in future years. A renewal award will be offered only if all continuing eligibility criteria are met.