TEXAS PUBLIC EDUCATION GRANT (TPEG)
2016/17 Fiscal Year

The TPEG is available for International Students at The University of Texas at El Paso who demonstrate a financial need caused by unexpected circumstances. To be eligible you **MUST** meet the criteria listed below (absolutely no exceptions):

1. Must be enrolled on a full-time basis and maintain full-time status
   - Undergraduate: 12 hours each long semester
   - Graduate: 9 (graduate) hours each long semester
   *Students that are working on a Second Bachelors/Second Masters are not eligible for International TPEG.

2. Must be in good academic standing with a GPA of 2.0 or above, Graduate students 3.0 or above and meet satisfactory academic progress (SAP). Students must make satisfactory academic progress toward the completion of their programs of study according to institutional and federal standards.

   Satisfactory Academic Progress is a term used to describe a satisfactory rate of course completion. The University of Texas at El Paso has defined satisfactory academic progress for FULL TIME students as follows:
   - Undergraduates – Must maintain a 2.0 or higher GPA, complete at least 75% of the hours attempted per academic year.
   - Graduates – Must maintain a 3.0 or higher GPA, complete at least 75% of the hours attempted per academic year.

   Students are made aware of these requirements and are evaluated on an annual basis. Each student is responsible for determining the number of hours to be enrolled each academic year in order to comply with the time frame requirements. An appeal process is available to students who fail to meet satisfactory academic progress criteria and these students are advised to contact a Financial Aid Counselor.

3. TPEG will be applied toward outstanding tuition and fees. If you are awarded a scholarship or any other type of assistance that is applied towards your tuition you might not be eligible for TPEG.

4. The maximum **CUMULATIVE** award is $1,000 (dependent on institutional funding available) TOTAL or one fiscal year, whichever comes first. Awards are applied for the fall and spring semesters only **NO exceptions.**

5. Must have completed 24 credit hours at UTEP as a full-time student (undergraduate), 18 hours (graduate), **prior** to applying for the Texas Public Education Grant (TPEG). Transfer hours are **not** considered.

6. **Priority deadline is March 15, 2016.**

**TO APPLY, THE STUDENT MUST SUBMIT THE FOLLOWING:**
1. **Completed** Application for International Student Aid (attached). Incomplete applications will not be considered.

   **INCOMPLETE APPLICATIONS OR APPLICATIONS MISSING DOCUMENTATION WILL NOT BE PROCESSED**
TEXAS PUBLIC EDUCATION GRANT (TPEG)

2016/17 FISCAL YEAR

Name
Street address
City
State
ZIP code
Telephone
Email address
Date of birth (MM/DD/YYYY)
College Student ID#
High School (where you received or will receive your high school diploma):
High School City:
Date of Graduation:

<table>
<thead>
<tr>
<th>Grade Level beginning in 2016-2017:</th>
<th>Degree or certificate I am seeking:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never attended college and 1st year undergraduate</td>
<td>1st bachelor's degree</td>
</tr>
<tr>
<td>Attended college before and 1st year undergraduate</td>
<td>2nd bachelor's degree</td>
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<tr>
<td>2nd year undergraduate/sophomore</td>
<td>Associate degree</td>
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<tr>
<td>3rd year undergraduate/junior</td>
<td>Certificate or diploma</td>
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<tr>
<td>4th year undergraduate/senior</td>
<td>Teaching credential (non-degree program)</td>
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<tr>
<td>5th year/other undergraduate</td>
<td>Graduate or professional degree</td>
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<tr>
<td>1st year graduate/professional</td>
<td>Other/Undecided</td>
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<tr>
<td>Continuing graduate/professional or beyond</td>
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</tr>
</tbody>
</table>

Section I: Student Information

1. Were you born before January 1, 1993? [ ] Yes [ ] No
2. As of today, are you married? [ ] Yes [ ] No
3. Are you in a graduate program of study? (e.g., master's or doctoral program) [ ] Yes [ ] No
4. Do you have at least one child that you support? [ ] Yes [ ] No
5. Do you have dependents other than your children or spouse that you support? [ ] Yes [ ] No
6. Are you or were you an orphan or ward of the court? [ ] Yes [ ] No
7. Are you or were you an emancipated minor as determined by the state’s court? [ ] Yes [ ] No
8. Are you or were you in legal guardianship as determined by the state’s court? [ ] Yes [ ] No
9. Did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? [ ] Yes [ ] No
10. Did the director of an emergency shelter program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless? [ ] Yes [ ] No
11. Did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? [ ] Yes [ ] No

For purposes of this application, if you answered "No" to all of the questions above, you are considered a dependent student and must include parental income information on this form.

If you answered "Yes" to any of the questions above, you are considered an independent student and are not required to include parental income information on this form. An independent student who is married must include information about his or her spouse.

Print full name here:

2016-2017 Texas Application for State Financial Aid
### Section II: Household Information

12. If you are a **dependent student**, please list the names of ALL family members, including your parent(s), who will be supported by your parent(s) from July 1, 2016 to June 30, 2017. If you are an **independent student**, you should include family members who are supported by you. (See Instructions for additional information.) Attach additional sheets if necessary.

<table>
<thead>
<tr>
<th>Names (Include parent(s) and sibling(s), or spouse if applicable)</th>
<th>Age</th>
<th>Relationship to student (e.g., sister, son)</th>
<th>Which college/university will student be attending?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self</td>
<td></td>
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</tbody>
</table>

**Total number in household:**

**Total number in college in 2016-2017:**

### Section III: Additional Information

**Student:**

13. Independent students only:  
   As of today, are you or your spouse a dislocated worker?  
   ☐ Yes ☐ No ☐ Don't know

14. Did you work in 2015?  
   ☐ Yes ☐ No

   If Yes, did you file a U.S. federal (or foreign) income tax return for 2015?  
   ☐ Yes (Attach tax return, tax transcript, and W-2’s)  
   ☐ No ☐ Will file

15. Marital status (as of today):  
   ☐ Single  ☐ Separated  ☐ Married or Remarried  ☐ Divorced or Widowed

   Month and year married, remarried, separated, divorced or widowed

16. Have you been convicted of a felony or a crime involving a controlled substance?  
   ☐ Yes ☐ No

17. Do you have authorization (e.g., DACA) to work in the U.S.?  
   ☐ Yes ☐ Enter SSN:

   ☐ No

**Parent:**

21. Did your parents work in 2015?  
   ☐ Yes ☐ No

   If Yes, did they file a U.S. federal (or foreign) income tax return for 2015?  
   ☐ Yes (Attach tax return, tax transcript, and W-2’s)  
   ☐ No ☐ Will file

22. Is either of your parents a dislocated worker?  
   ☐ Yes ☐ No

23. What is your parent's marital status?  
   ☐ Never married  ☐ Married or Remarried  ☐ Divorced or Separated  ☐ Widowed

   Month and year married, remarried, separated, divorced or widowed

**Housing plans for 2016-2017:** Where do you plan to live?  
   ☐ On campus  ☐ Off campus  ☐ Commuter/With parent or relative

**At the start of the 2016-2017 school year, you will enroll:**  
   ☐ Full time  ☐ Less than 1/2 time  ☐ Not sure

20. Have you received funds from either of the following grant programs while attending a prior institution?  
   a. TEXAS Grant Program  ☐ Yes ☐ No
   b. Undergraduate Scholarship Program  ☐ Yes ☐ No
   c. TEOG  ☐ Yes ☐ No

   d. If you are transferring from a prior institution, did you earn an Associate Degree?  
      ☐ Yes (Enter date earned the Associate Degree:_______)
      ☐ No ☐ N/A (not applicable)

24. Mother/Stepmother's highest level of education completed  
   ☐ Middle school/Jr. high  ☐ High school  ☐ College or beyond  ☐ Other/unknown

25. Enter your mother's/stepmother's date of birth:  

26. Father/Stepfather's highest level of education completed  
   ☐ Middle school/Jr. High  ☐ High school  ☐ College or beyond  ☐ Other/unknown

27. Enter your father's/stepfather's date of birth:  

2016-2017 Texas Application for State Financial Aid
### Section IV: Income and Assets

Do not leave any blanks. Enter "0" where appropriate.

**Dependent students:** Complete both the Student and Parent(s) columns.

**Independent students:** Complete the Student/Spouse column only.

<table>
<thead>
<tr>
<th>Part A. Annual Untaxed Income</th>
<th>Student/Spouse</th>
<th>Parent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. Child support received</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>29. Tax exempt interest income</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>30. Housing, food, and other living allowances paid on your behalf</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>31. Other unreported income not reported, such as worker's compensation, disability, etc.</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>32. Money you received (or bills someone else paid for you) not reported elsewhere on this form</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>33. Cash earnings (wages not listed on taxes or W-2 forms)</td>
<td>Student: $</td>
<td>Spouse: $</td>
</tr>
<tr>
<td>Total Untaxed Income</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
</tbody>
</table>

### Part B. Annual Income Exclusions

| 34. Child support paid        | $              | $         |
| 35. Taxable earnings from work-study or other need-based work programs | $ |
| 36. Taxable scholarships and grants reported on 2015 federal income tax return | $ |

### Part C. Assets

| 37. As of today, balance of cash, savings, and checking accounts | $ | $ |
| 38. As of today, investment net worth (do not include the home you live in or the balance of retirement plans) | $ | $ |
| 39. As of today, net worth of current business(es) or investment farm(s) | $ | $ |

### Section V: Total Family Income

40. **a. Earnings:** How much were your total family earnings in 2015?

| Student's earnings: $ | Parent's earnings: $ |

If your parent's earned at least $20,000 during 2015, they are required to file taxes according to IRS guidelines. (Check your and/or parent's specific filing requirements since the income threshold varies depending on filing status and age. For more details, see IRS Publication 17 (www.irs.gov/Individuals/Individuals/17), Table 1-1: Filing Requirements for Most Taxpayers).

**b. Self-employment:** Are you and/or your parent's self-employed (e.g., own a business)? □ Yes □ No

If you and/or your parent(s) are "self-employed", you and/or your parents will be required to file an income tax return if net earnings (e.g., business expenses minus business income) from self-employment were $400 or more. For more details, go to www.irs.gov/Individuals/Individuals/2017/2017-Self-Employment.

**c. Non-tax filers:** If you and/or your parents did not meet either of the IRS income filing thresholds from earnings or self employment, and did not file taxes, please provide a breakdown of your living expenses (e.g., rent, food, utilities, etc.). Explain what sources of income or public assistance you and/or your family used to pay for those living expenses. Your financial aid office may request additional information.

<table>
<thead>
<tr>
<th>Living Expenses</th>
<th>Cost for the year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>$</td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
</tr>
<tr>
<td>Utilities</td>
<td>$</td>
</tr>
</tbody>
</table>

To pay for living expenses, I and/or my family used the following sources of income:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

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__________________________________________________________________________________________
Section VI: Statement of Selective Service Registration Status

41. Certification of registration status (Please check the appropriate box.)

☐ I certify that I am female and, therefore, not required to register with the Selective Service System.

☐ I certify that I am a male age 18 to 25 and am registered with the Selective Service System.

☐ Please attach copy of registration acknowledgement card.

☐ I certify that I am not of an age required to register with Selective Service System. (That is, I am over 25.)

☐ I certify that I have been determined by the Selective Service System to be exempt from registration.

☐ I certify that I have not reached my 18th birthday and understand that I will be required by law to register at that time and will provide proof of registration once I receive my Selective Service Registration Acknowledgement Card.

☐ I certify that I do not have a Social Security Number, but have submitted my Selective Service registration form to the Selective Service System and will provide proof of registration to the financial aid office as soon as I receive my registration number.

Section VII: Signatures

42. a. Student and Parent signatures

I understand that under Texas Education Code, Section 51.9095, I must be registered with the Selective Service System according to the requirements of federal law in order to receive student financial aid funds from the State of Texas, and hereby certify that I meet this requirement. I also certify that I will use state student financial aid to pay only the cost of attending an institution of higher education, and that the information provided on this form is true, complete, and correct to the best of my knowledge. I understand that any false statements may void my eligibility for state financial aid. I also certify that the information provided on this form will be used only for evaluation of eligibility for state financial aid and that I may need to provide additional information for my school to determine eligibility for state financial aid.

Student signature ___________________________ Date ____________

Parent signature* ___________________________ Date ____________

(*Parent signature required only for dependent students)

b. High School Counselor: Not required if parent signature already provided above.

High school counselor signature ___________________________ Date ____________

Printed name: ___________________________

Title: ___________________________

Street address: ___________________________

City: ___________________________ State: ___________________________ ZIP code: ___________________________

Telephone: ___________________________

Email address: ___________________________

Print full name here: