



2009-10 Application for an Educational Aide Exemption
PLEASE READ THE INSTRUCTIONS ON THE BACK TO ACCURATELY COMPLETE THE APPLICATION

FAXED APPLICATIONS WILL NOT BE ACCEPTED

PART I TO BE COMPLETED BY APPLICANT (Be sure to complete all questions or application will be rejected):

1. Last Name First Name Middle Initial	2. Social Security Number	5. Ethnicity () African –American/Black () Hispanic or Latino () American Indian or Alaskan Native
3. Street Address	4. Telephone Number ()	() White/Non-Hispanic () Asian or Pacific Islander
City State Zip		

6. Check one: FAFSA already filed _____ FAFSA will be filed _____ 2008 Tax Return Attached _____

7. Are you under court order to make child support payments? () Yes () No

 If yes, are you currently delinquent in those payments? () Yes (Not Eligible) () No

CERTIFICATION: I hereby certify that I understand I need to meet satisfactory academic progress according to the college's financial aid office. I understand my financial need may change according to the number of hours for which I register. I will enroll in classes leading to teacher certification.

Student Signature

Date

STOP!! Please forward this application to the Personnel Office of the School District you are employed with.

PART II TO BE COMPLETED BY SCHOOL OR SCHOOL DISTRICT (Be sure to complete all questions or application will be rejected):

1. Does the applicant qualify for the award as: (District representative, please initial No. 2. or No. 3. as applicable):

<p>_____ 2. an educational aide</p> <p>If initialed, give dates of employment as an aide (minimum requirement is 1 academic year full-time experience within the past 5 years):</p> <p>From _____/_____/_____ To _____/_____/_____</p> <p>(Less than one year, Not Eligible)</p> <p>*Employment doesn't have to be at same school district or in consecutive years (attach a sheet if more space is needed)</p>

<p>_____ 3. a substitute teacher</p> <p>If initialed, do you have proof in your files of at least 180 full days of employment as a substitute teacher during the past 5 years?</p> <p align="center">() Yes () No (Not Eligible)</p>

4. Will the applicant be employed by your school district during the Fall 2009 term? () Yes () No (Not Eligible)

CERTIFICATION: I have checked employment records and hereby certify that the applicant meets program employment requirements.

School District	County District Number: (ISSUED BY TEXAS EDUCATION AGENCY)	Date
Signature of AUTHORIZED PERSONNEL OFFICIAL only	Title	Telephone No. ()

STOP!! Please forward this application to the Financial Aid Office of the College to be Attended.

PART III TO BE COMPLETED BY FINANCIAL AID OFFICE (Be sure to complete all questions or application will be rejected):

1. Texas Resident: () Yes () No (Not Eligible)	2. () Single Independent () Single Dependent () Married	3. Has the Student registered for the Selective Service or is exempt? () Yes () No (If the student is a female or under the age of 18 or over the age of 25, he or she is considered exempt.)
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4a. Financial Need if filed FAFSA (Cost less EFC and Gift Aid)

4b. AGI if qualifying based on the Adjusted Gross Income

If Need <=0, indicate No

Need and submit to CB \$ _____

\$ _____

5. Estimated awards through this exemption: Fall 2009 _____ Spring 2010 _____

CERTIFICATION: I hereby certify that I have applied or caused to be applied all rules and regulations regarding this program in determining student eligibility and recommending this student for the award indicated above. I will maintain the necessary records to justify this award in case of a program audit.

Institution Name	6-digit Fice Code	Date
Signature of Director of Financial Aid	Printed or Typed Name	Telephone No. ()

**Instructions for Completing the 2009-10 Application
for an Educational Aide Exemption**

**THIS APPLICATION MAY BE SUBMITTED JUNE 1, 2009 THROUGH JULY 1, 2010
IF APPLYING FOR FALL 2009 ONLY, YOU MAY SUBMIT JUNE 1, 2009 THROUGH FEBRUARY 1, 2010
IF APPLYING FOR SPRING 2010 ONLY, YOU MAY SUBMIT NOVEMBER 1, 2009 THROUGH JULY 1, 2010**

Part I must be completed by the applicant; Part II by the Personnel Director or other appropriate office of the school district or school by which the applicant is employed; Part III by the Financial Aid Office of the school the applicant is/will be attending. Keep in mind that the application changes each academic year and summer term. Applications with the wrong year will be rejected. Questions and Instructions are below:

PART I

- 1-4 Self-explanatory
- 5 This is not a required item. Ethnic origin will not be used as a selection criterion. It is collected purely for statistical purposes.
- 6 Please check with your institution to find out whether or not the FAFSA is required. If you have already filed a FAFSA (Free Application for Federal Student Aid), make sure it is for the academic year you are applying. The adjusted gross income method requires you to attach your 2008 Tax Return and eligibility will be based on your adjusted gross income. If you a single dependent student you must supply your family's income tax. If you are married, eligibility is based on the student and spouses income.
- 7 If the student is making child support payments, the payments must not be more than 30 days delinquent. Per a state law, persons more than 30 days delinquent cannot receive state aid. If this question does not apply to you, answer, No.

CERTIFICATION: Be sure to sign and date the application. DO NOT COMPLETE ANY SECTION OF PART II.

PART II

- 1 Be sure and check school/district records before completing this section. The student should NOT complete this part. Is the applicant an educational aide or a substitute teacher in your school district? Initial the proper option, either No. 2. for educational aides or No. 3. for substitute teachers.
- 2 Give the dates of employment the educational aide has been working for your district or other districts. List employment dates with another district separately. For the student to qualify dates must add up to at least 1 school year of experience as an educational aide during the 5 years preceding the term or semester for which the student is awarded his/her initial exemption.
- 3 The substitute teacher must provide documentation of the 180 days full service in the past 5 years. School District will need to keep documentation on file.
- 4 The applicant must be employed by your school or school district during the full term for which he/she is receiving this exemption unless granted a hardship waiver.

CERTIFICATION: Person certifying application must be authorized to sign personnel actions. Please be sure to include your 6-digit county district number (example 123-456). This is the number that was issued to your school district by the Texas Education Agency, TEA.

PART III

- 1 Use your institution's residency classification. Remember, however, that to be eligible the student must be a Texas resident, not simply someone eligible to pay the Texas resident tuition rates. In general, to be a Texas resident a student must have been gainfully employed in the State of Texas for the 12 months prior to enrolling in the institution. If the student is claimed as a dependent for income tax purposes by his or parents, the parents must have resided in the state for the 12 months prior to the student's enrollment.
- 2 Indicate the student's marital status. If the student is claimed on parent's income tax, the student is classified as a single dependent. If the parents do not claim the student, the student is classified as a single independent.
- 3 Has the student registered for the Selective Service or is the student exempt from this requirement? If the student has reached his 18th birthday he will have to be registered with Selective Service to be eligible. If the student is female or over the age of 25, he or she is considered exempt.
- 4a Give the student's financial need for time period he/she is applying. This is the relevant time period's cost of attendance minus any estimated family contribution and/or gift aid.
- 4b If the student qualifies based on his/her adjusted gross income (using his/her most recent income tax form), please indicate so in the space provided and leave the other blank. If the student shows no financial need based on either of the above, indicate 0 need, based on FAFSA and AGI and submit the application to the Coordinating Board. The program maximum is equal to the student's tuition and fee charges excluding class and laboratory fees. If the student is qualifying based on their adjusted gross income, their award amount will equal to but not exceed the program maximum.
- 5 Self-explanatory

CERTIFICATION: Please be sure to include your institution's 6-digit fice code and telephone number.