



South Plains College
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Phone: 806.894.9611x3800
 Fax: 806.894.8653 Email: finaid@southplainscollege.edu

TEOG Application

Texas Educational Opportunity Grant

Student Name: _____ DOB: _____

Current Phone Number: _____ SSN Last 4 Numbers: _____

Please answer the following questions, then SIGN & RETURN this form to the Financial Aid Office by fax, email, mail or in person.

finaid@southplainscollege.edu

Have you previously received TEOG Funds at a school other than SPC?

_____ No _____ Yes, if yes name of institution: _____

Have you received an Associate or Bachelor's degree at ANY institution?

_____ No _____ Yes, if yes name of institution: _____

_____ I understand that I must complete a State Aid Certification Form.

(Initial)

(State Aid Certification Forms can be submitted to any SPC Campus.)

I hereby certify that the information above is true and correct. I agree that by signing this form it is my responsibility to inform the SPC Financial Aid Office if my status in any of the above categories changes. I understand that if I fail to provide accurate information, I may be required to reimburse SPC and/or the State of Texas, and additional penalties may be imposed.

Student Signature: _____ Date: _____

OFFICE USE ONLY

○ Scan into Perceptive Content – Doc Type – TEOG Date: _____ Initials: _____