

A. PURPOSE:

The **Helen Giddings Grant** supports undergraduate students attending Texas Southern University who are nearing the completion of their requirements for graduation but may fail to do so due to unmet financial need. This Grant is designed to provide financial support to students who are academically eligible for graduation and have exhausted their ability to receive funding from the Federal Pell and Direct Loan programs. Eligible applicants will

- be classified as a senior during the term(s) in which the Grant will be used.
- have a cumulative GPA of 2.0 or higher or the minimum GPA required for graduation in the student’s declared major, whichever is higher.
- have exhausted eligibility to receive federal grants and loans.

Applications will be reviewed on a case-by-case basis. Applicants will be notified of the decision by email within 3-5 business days of the receipt of the application.

Please select the Grant that you’re applying for below:

- Helen Giddings Unpaid Balance Grant**
 Helen Giddings Completion Grant

B. DEMOGRAPHIC INFORMATION

| | | | |
|----------------------------|----------------------|-----------------------------|------------|
| Last Name | First Name | T# | |
| | | TOO | |
| Address | City | STATE | ZIP |
| | | | |
| Best Contact Number | Email Address | Classification | GPA |
| | | | |
| TERM | Balance | Last Term Registered | |
| | \$. | | |

C. ACCEPTANCE AND ACKNOWLEDGEMENT STATEMENT

I HEREBY ACKNOWLEDGE THAT ALL INFORMATION PRESENTED ON THIS APPLICATION IS TRUE AND I DO UNDERSTAND THAT I MUST BE IN COMPLIANCE WITH ALL OF THE CRITERIA STATED ON THIS APPLICATION . I AM AWARE THAT FAILURE TO MEET THE REQUIREMENTS FOR THE HELEN GIDDINGS GRANT, WILL RESULT IN DENIAL OF MY APPLICATION OR REVERSAL OF FUNDING.

 Student’s Signature

 Date

OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE

| | | |
|--------------------------------------|--------------------|--|
| Total Loan Debt DL Subsidized | PELL Limits | Total Loan Debt DL Unsubsidized |
| \$ | % | \$ |
| Balance \$ | GPA | Approved AMT |
| FA Signature | Date | |
| OSA & Billing Signature | Date | |