TEXAS HIGHER EDUCATION COORDINATING BOARD
Application for the Early High School Graduation Scholarship

PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY. IF ILLEGIBLE, WE WILL RETURN THE APPLICATION.
THIS FORM IS TO BE FILLED OUT BY THE HIGH SCHOOL COUNSELOR

Part I. Required for All Applicants (*If any of these fields are blank the application will be rejected.*)

1. ☐ SSN or ☐ Student ID No. (Please check which one applies)

2. Student's Date of Birth (mmddyyyy)

3. Student's Last Name | First Name | Middle Initial

4. Home Address | Street | Apt. # | City | State | Zip

5a. Did student attend high school in Texas only? Yes ____ No ____ (If no, student is not eligible)

5b. Has the student registered for the Selective Service or is the student exempt from this requirement? Yes ____ No ____ (If no, student is not eligible)

6. College the student plans to attend in Texas ONLY: (Must be public or private non-profit)
Institution Name | Campus Name
Institution City | Texas

7. Date student entered 9th grade (mmddyyyy)

8. Graduation Date (mmddyyyy)

9. High School Name | City

10. Co. – Dist. No. / School No.

11. HS Address | Street Address | Zipcode

Part II. Fill out this Section ONLY if Student Graduated after September 1, 2005.

12. How many hours has the student completed through dual/concurrent enrollment? ____ Hours

13. Was the student enrolled in a Tech/Prep program of study? Yes ____ No ____

14. Did the student take hours that will (through an articulation agreement) become college hours if he/she attends that college? Yes ____ No ____

15. Did the student complete the recommended or advanced curriculum? Yes ____ No ____

16. If your answer to 15 was no, was it because of a shortage of qualified teachers; lack of enrollment capacity; or another cause not within the person's control? Yes ____ No ____
If yes, please provide an explanation on the high school transcript and attach it to this application.

17. Has the student taken any AP or CLEP exams? Yes, AP ____ Yes, CLEP ____ No ____

18. To your knowledge, has the student taken additional college hours on his/her own? Yes ____ No ____

Part III. Certification Statement

I hereby certify that the information reflected in this form is correct and based on records available through this high school.

Signature of H.S. Counselor	Printed Name	Phone Number	E-mail Address	Date
Signature of H.S. Principal	Printed Name	Phone Number	E-mail Address	Date

If the student is applying for the bonus award with college credit hours, please attach or have them to submit an official college transcript. If highlighted areas are incomplete the application will be rejected. **NO FAXED APPLICATIONS WILL BE ACCEPTED*

PLEASE COMPLETE AND MAIL THIS FORM TO:
Texas Higher Education Coordinating Board
Division of Student Services
Box 12788
Austin, Texas 78711-2788