WEATHERFORD COLLEGE
1869

Student SSN

DEPARTMENT OF FINANCIAL AID

2026-2027

Texas Nursing Student Scholarship Program (NSSP) Evaluation Form

What is your Program of Study?

☐ LVN-RN ☐ ADN ☐ BSNC (concurrent ADN/BSN) ☐ BSN

Students who are awarded the Nursing Student Scholarship (NSSP) must complete and sign additional statements required by the Texas Higher Education Coordinating Board who authorizes these funds each year.

- Have you ever been convicted of a felony OR an offense under Chapter 481, Health and Safety Code (Texas Controlled Substances Act), or under the law of another jurisdiction involving a controlled substance as defined by Chapter 481, Health and Safety Code?

☐ **No**** ☐ **Yes***

*If you answer is yes, contact the financial aid office to determine your eligibility to receive a Texas Educational Opportunity Grant. **If your answer is no, it is your responsibility to inform the financial aid office if this status changes at any time while attending Weatherford College.

- I, _____, am not required to make any child support payments under any court order because either (check one):

☐ **I do not have any children** ☐ **I am not obligated to pay child support**

OR check box to confirm:

☐ **I am not in arrears (behind on payments) on any child support obligations by any State or Federal court order**

- Please complete the following form regarding your status of registration with Selective Service.

SELECTIVE SERVICE STATEMENT OF REGISTRATION STATUS

In accordance with Texas Education Code, Section 51.9095, male students must file a Selective Service Statement of Registration Status with their institution or other entity granting financial assistance. For more information about the Selective Service System, visit sss.gov.

Please mark one option below:

_____ I was born female and not required to register.

_____ I was born male and am under the age of 18 and not currently required to register.

_____ I was born male and am **REGISTERED** with the Selective Service.

_____ I was born male and am over the age of 18. I am not registered with Selective Service and I am not exempt from registration with Selective Service.

_____ I was born male and am **EXEMPT** from registration because: (please briefly explain why you are exempt in the box below.)

I hereby certify that the information I have provided is true and correct. I understand that if I fail to provide accurate information, I may be required to reimburse the institution and penalties may be imposed.

_____ _____

Student's Printed Name WC Student ID number

_____ _____

Student's Signature Date