

OFFICE OF FINANCIAL AID
 APPLICATION FOR AN EXEMPTION
 CLINICAL PRECEPTOR AND/OR THEIR CHILD



STUDENT INFORMATION	
Student Name:	Student ID:
Student Address:	Student Date of Birth:
City, State, Zip:	Student Email:
Student Phone:	Student Alternate Phone:

Exemption Term:	Year:
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WHICH CONDITION APPLIES TO YOU?	IF YOU ARE A CHILD OF A PRECEPTOR, PROVIDE THE FOLLOWING INFORMATION:
	Preceptor's Name:
	Preceptor's SS#:

Provide the following information regarding the agreement under which the preceptor will be/is employed:

Name of Educational Institution:	
Name of Affiliating Agency:	

Document(s) Required for Clinical Preceptor and Their Children:

<input type="checkbox"/>	Agreement between Clinical Preceptor and Institution.
<input type="checkbox"/>	Proof of Selective Service-Males only.

If you have previously received an exemption through this program, please indicate below:

Term	Year	Term	Year

Do you hold a baccalaureate (bachelor's) degree?	Are you currently classified as a TX resident by this institution?
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Student Signature:	Date:
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Financial Aid Office Use Only		
Exemption Period:	SAP:	Residency:
Processed By:	Amount:	Date:

Grayson College Financial Aid Office • 6101 Grayson Drive, Hwy 691 Denison, TX 75020-8299
 Email to: Financialaid@grayson.edu • Fax to: 903.463.3908

Students are REQUIRED to use their GC canvas account or their GC email account for all electronic communication. GC faculty and staff will not reply to student communication that is sent through an email account other than their GC issued email account or canvas account in order to ensure the identity of the student when communicating electronically.