RETURNTO: Office of Financial Aid | @1 Gates Hall 1900 W. F Street, CMB #1266, Plainview, TX 79072 finaid(yourcampus)@wbu.edu

			Student ID				
	Last	First	· · · · · · · · · · · · · · · · · · ·				
res as	exas Higher Education Coording espond to a set of core residents a resident. This allows the subject of the set of the se	cy questions for the po be eligible to be consid	fpdesermining the student's edered for state financial aid	eligibility for classification prog/ManylandBaptist			
ST	STEP 1: Identity						
	Ouring the 12 months prior to the exas in a fall or spring term (no			a public college or univers			
	No. Continue to STEP 2						
	Yes f What Texas public institut	ion did you last attend?					
	f In which terms were you I	ast enrolled Fall	Spring				
		During your last semester at a Texas public institution, did you pay resident or nonresident tuition?					
	Resident (istate) Nonresident (out-offate) Unknown						
	f If you paid residentuition a you were a nonresident w	•	as it because you were clas	ssified as a resident or be			
	you word a normodiadin w	no received a warver.					
_				∐ Yes ∐ No			
3.	When you begin the semest the previous 12 months?	er for which you are ap	oplying, will you have lived i	n 🔝 Yes 🔝 No			
4.	. Are you a U.S. Citizen or Per	manent Resident?		☐ Yes ☐ No			
	 ¾ I answered es to all four q ¾ I answered Yes to question page 4 	•		EdPn plete lÆffidavion			
	³ / ₄ I answered No to question	n 1, 2, or 3. Continue to	STEP 4				

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STEP 8 Certification of Residency (Completed by ALL students)

I understand that officials of Wayland Baptist University will use the information submitted on this form determine my status for residency eligibility as it pertains to state financial aid eligibility. I authorize Wayland University to verify the information I have provided. I agree to notify the proper officials of the institution of a changes to the information provided. I certify that the information on this application is complete and correct understand that the substitution of false information is grounds for cancellation of any state financial aid offerbased on that false information.

Student Signatuı	Date
AFFIDAVIT : Complete by student who answered No	to Question 4 in STEP 3.
Witness Before a Notary Public	
Before me, the undersigned Notary Public, on this debeing by me duly sworn upon his/her oath, de	
1. My name is	I am years of age a ns bihaalve pe

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