

# University of Houston-Victoria

## Competitive Scholarship Waiver Form

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Semester: \_\_\_\_\_ Academic Year: \_\_\_\_\_

### Eligibility Requirements According to Texas Education Code, Section 54.213:

- A nonresident student who holds a competitive scholarship of at least \$1,000 for the academic year or summer term for which the student is enrolled resident tuition and fees without regard to the length of time the student has resided in months
- Must have competed with other students, including Texas residents, for the scholarship and the scholarship must be awarded by a scholarship committee officially recognized by the administration and be approved by the Texas Higher Education Coordinating Board under criteria developed by the coordinating board
- The total number of students at an institution paying resident tuition under this section for a particular semester may not exceed five percent of the total number of students registered at the institution for the same semester of the preceding academic year.

### Important Information about this waiver:

- Termination of Scholarship: If the student's competitive scholarship is terminated for any reason prior to the end of the semester or semesters for which the scholarship was initially awarded the student shall pay non-resident tuition for any semester following the termination of the scholarship.

I certify that according to Texas Education Code, Section 54.213, referenced above I am eligible to receive the Competitive Scholarship Waiver for the semester stated above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Certification by the Scholarship Compliance Committee

Proof of Selective Service Registration:  Yes  No  Exempt

Meeting SAP (Satisfactory Academic Progress):  Yes  No

The above student was selected on a competitive basis by a committee in accordance with Texas Education Code, Section 54.213. The scholarship and competitive scholarship waiver are in effect until the end of the current academic year unless the scholarship is terminated at an earlier date.

SCCC Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Scholarship Compliance Committee Chair or designee's)

**Student Billing Office**  
**University of Houston-Victoria**  
**3007 N. Ben Wilson, Victoria, Texas, 77901 • Phone: (361)570-4833 • Fax: (361)580-5522**  
**Email: [billing@uhv.edu](mailto:billing@uhv.edu)**