



## GOOD NEIGHBOR SCHOLARSHIP APPLICATION

2025 - 2026 ACADEMIC YEAR

(Fall - Spring - Summer)

Application Deadline: March 9, 2025

Name: \_\_\_\_\_, \_\_\_\_\_ LUID: \_\_\_\_\_  
Family Name First Middle

Local Address:

\_\_\_\_\_ City \_\_\_\_\_ TX ZipCode \_\_\_\_\_

Visa Type: \_\_\_\_\_ Email Address: \_\_\_\_\_ @lamar.edu

Telephone # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/19\_\_\_\_ Expected Graduation: \_\_\_\_\_

Country of Birth\*: \_\_\_\_\_ How long have you resided in this country? \_\_\_\_ Yrs \_\_\_\_ Mos

Country of Citizenship\*: \_\_\_\_\_ How long have you resided in this country? \_\_\_\_ Yrs \_\_\_\_ Mos

Lamar University GPA \_\_\_\_\_

Country of Permanent Residence\*: \_\_\_\_\_

How long have you resided in this country? \_\_\_\_ Yrs \_\_\_\_ Mos

\*Must provide letter of explanation if all three countries are not the same.

What is your classification at Lamar University? \_\_\_\_ Resident \_\_\_\_ Nonresident

Have you applied for U.S. Permanent Resident status? \_\_\_\_ Yes \_\_\_\_ No

Have you received the Good Neighbor Scholarship before? \_\_\_\_ Yes \_\_\_\_ No



Currently pursuing one of the following degrees at Lamar University:

☐ Bachelor ☐ Master ☐ Doctor ☐ PhD Field/Branch of Study: \_\_\_\_\_

Student classification: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate Student

Current grade point average (GPA): \_\_\_\_\_ (minimum requirements: undergraduate 2.0; graduate 3.0)

1	How long have you been in the United States?	____ Yrs. ____ Mos.
2	How long have you lived in the Western Hemisphere?	____ Yrs. ____ Mos.
3	Have you applied for permanent resident or citizenship of the United States?	____ Yes ____ No
4	Have you previously been a recipient of the Good Neighbor Scholarship? If Yes, indicate what semesters, year, and name of college/university:	____ Yes ____ No
5	Are you <input type="checkbox"/> Exempt from Selective Service, or <input type="checkbox"/> Registered for Selective Service.	
6	Are you in lawful legal status with U.S.C.I.S. / D.H.S.? If no, submit written statement of explanation on separate paper.	____ Yes ____ No
7	Do you have any relatives working for the Texas Higher Education Coordinating Board? If Yes, list names:	____ Yes ____ No
8	Are you a member of the Communist Party?	____ Yes ____ No

You must be a bona fide native-born citizen and resident of one of the following countries to be eligible:

Argentina	Guyana
Antigua and Barbuda	Haiti
Bahamas	Honduras
Barbados	Jamaica
Belize	Mexico
Bolivia	Nicaragua
Brazil	Panama
Canada	Paraguay
Chile	Peru
Colombia	Saint Kitts and Nevis
Costa Rica	St. Lucia
Dominica	St. Vincent and the Grenadines
Dominican Republic	Suriname
Ecuador	Trinidad and Tobago
El Salvador	Uruguay
Granada	Venezuela
Guatemala	

**I am aware that I must be in compliance with all of the above and maintain a minimum of 2.0 for Undergraduates & 3.0 GPA for graduates for scholarship eligibility. To the best of my knowledge, I certify that all of the above information is to be true and correct.**

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**Student's signature**

**Date**



STUDENT AID

LAMAR UNIVERSITY

Return To: Office of Student Aid

Office: Wimberly Building Room 200

Mail: P.O. Box 10042, Beaumont, TX 77710

To submit: Upload documents by logging into your Self Service Banner or, mail to the address above.

## Statement of Student Compliance with Selective Service Registration

Student ID Number: \_\_\_\_\_ Lamar Email: \_\_\_\_\_

Student Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Academic Level (check one): ☐ Undergraduate ☐ Graduate ☐ Doctorate

*According to Texas Education Code Section 51.9095, an individual may not receive a loan, grant, scholarship, or other financial assistance funded by state revenue, including federal funds or gifts and grants accepted by this state, or receive a student loan guaranteed by this state or the Texas Guaranteed Student Loan Corporation, unless the individual files a statement of the individual's Selective Service Registration status with the institution or other entity granting or guaranteeing the financial assistance as required by this section. **This includes applicable exemptions or waivers of tuition for higher education.***

### Student Certification

Please select one of the following:

\_\_\_\_\_ **As required by federal law, I certify that I have registered with selective service. If you select this option, provide the following with this form:**

Copy of selective service registration (copy should clearly display your selective service number and date of registration) from the Selective Service web page ([www.sss.gov](http://www.sss.gov))

\_\_\_\_\_ **I am not required by federal law to register with selective service because of one or more of the following:**

- \_\_\_\_\_ I am female. (*Log into your FAFSA application and select the correct aid year to make any necessary corrections regarding your gender. You must re-sign and submit the FAFSA. This will need to be completed 3 to 5 business days prior to submitting this form for processing.*)
- \_\_\_\_\_ I am a noncitizen who entered the U.S. as lawful nonimmigrant on a valid visa and am still in the U.S. on the terms of that visa (**Provide documentation**).
- \_\_\_\_\_ I have not reached my 18<sup>th</sup> birthday. I understand that I must register within 30 days after turning 18.
- \_\_\_\_\_ I was born before 1960.
- \_\_\_\_\_ I am a resident of the Federated States of Micronesia, the Marshall Islands, a permanent resident of the Trust Territory of the Pacific Island Palau. (**Provide documentation**).

By signing this form, I certify that all the information reported on this form is complete and correct. Incomplete paperwork will delay processing of your financial aid. **If you do not have a Social Security Number or have not registered with the Selective Service System please refer to [www.sss.gov](http://www.sss.gov) or call 1-888-655-1825.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Office Use Only  
**SSRS**