Good Neighbor Scholarship Program 24-25

Program Purpose

Provides an exemption of tuition for students from other nations of the Western hemisphere (**Ineligible countries**: Cuba, territories of the UK, Norway, France, and the Netherlands.)

Who Can Apply?

Individuals must:

- Be a nonresident from an eligible country;
- Be a native-born citizen and current resident of a nation of the Western Hemisphere other than Cuba or the United States;
- Intend to return to the eligible country upon completion of his/her program of study;
- Be admitted unconditionally at an eligible public institution in Texas; and
- Maintain satisfactory academic progress

Attach a copy of your visa (F1, 120) and if you have indicated dual citizenship, you must provide a copy of each passport.

EligibleCountries

CODE 405 Argentina 407 Antigua and Barbuda 419 **Bahamas** 421 Barbados 425 Bolivia 430 Brazil 431 Belize (British Honduras) 440 Canada Chile 445 455 Colombia 460 Costa Rica 474 Dominica 475 DominicanRepublic 480 Ecuador 485 El Salvador 507 Grenada 510 Guatemala 511 Guyana 513 Haiti 515 Honduras 562 Jamaica 610 Mexico 630 Nicaragua 650 Panama 655 Paraguay 660 Peru 681 Saint Kitts & Nevis 683 St. Lucia 687 St. Vincent & the Grenadines 704 Suriname 725 Trinidad and Tobago 740 Uruguay 745 Venezuela



University of Houston-Downtown Good Neighbor Scholarship Program Application 24-25

Name:		First	N	1iddleInitial
Local Address/City/ZipCode:				
UHD I.D.#	Phone		Email	
Have you been admitted to the L	Iniversity as a deg	gree-seeking st	udent? Yes	No
Classification: Freshman	Sophomore	Junior	Senior	Other
Application Period: Fall	Spring	Currer	nt UHDGPA	
Countryof Citizenship/Birth:			CountryCode:	
Do you have dual citizenship?	Yes	No	-	
If yes, indicate other country				
Have you applied for US permane	ent resident statu	ıs? Yes	No	_
Immigration Status (Visa Type)				
Are you in the US on a student vis Service? Holds Student Visa			-	
How long have you lived in the W (Total combined years/months re				
Have you previously received a G	ood Neighbor Sch	olarship?		
YesNoIf yes, w	hen?	Whe	re?	
Are you a member of the Comm	unist Party? Yes_	No		
When do you plan to return to yo	our country, indic	ate month and	year?	-
Do you have any relatives working namesand relationship:	ng for the Texas Hi	igher Education	n Coordinating Bo	ard? If yes, list the
I hereby certify that the above in	formation is true	and correct by	signing below:	
Signature				

COMPLETE APPLICATION MUST BE RETURNED TO:
Office of Scholarships and Financial Aid, Room 350 South
Deadline is March 8 th, 2024
(Must be typed and faxed copies are not acceptable.)