

## **ELIGIBLE COUNTRIES – GOOD NEIGHBOR PROGRAM**

Independent Nations Located in the Western Hemisphere:

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

University of Houston–Downtown  
Office of Scholarships & Financial Aid  
One Main Street | Houston, Texas 77002

**GOOD NEIGHBOR PROGRAM RECOMMENDATION**  
**Fiscal Year 2027 (2026–2027)**

**Please complete and submit by Deadline date March 13<sup>th</sup>**

**I. Institutional Information**

Fiscal Year: 2027

Institution Name: University of Houston–Downtown

**II. Student Information**

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**III. Identification Information**

Type of Identification (Select One):

Social Security Number

Institution ID Number

Identification Number: \_\_\_\_\_

**IV. Immigration & Residency Status**

Is the student classified by your institution as a U.S. Legal Permanent Resident?  Yes  No

Has the student applied for U.S. Legal Permanent Resident status?  Yes  No

**V. Selective Service Requirement**

Please indicate how the student meets the selective service registration requirement:

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- Registered for Selective Service
- Not Registered for Selective Service
- Exempt from Selective Service Registration

**VI. Conflict of Interest Disclosure**

Does the student have any relatives working for the Texas Higher Education Coordinating Board?  Yes  No

**VII. Prior Participation**

Has the student ever received an award through the Good Neighbor Program in a prior year?   
Yes  No

If yes, indicate award year(s): \_\_\_\_\_

**VIII. Residency History**

Length of Residency in the Western Hemisphere:

Years: \_\_\_\_\_

Months: \_\_\_\_\_

**IX. Citizenship Information**

Country of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Permanent Residence \_\_\_\_\_

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**Student Acknowledgement**

I certify that the information provided above is true and accurate to the best of my knowledge and that the student meets institutional eligibility requirements for nomination to the Good Neighbor Program in accordance with Texas Higher Education Coordinating Board guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please email forms to [uhdfinaid@uhd.edu](mailto:uhdfinaid@uhd.edu) by March 13<sup>th</sup>