

Financial Aid Signature

LOTTERY TUITION ASSISTANCE WAIVER

Financial Aid Office 601 Martin Luther King Jr. Avenue Kingstree, South Carolina 29556 Phone: (843) 355 4166/4167

PLEASE PRINT

					;
Last Name		First Name	Middle Initial	Social Security/ID Number	
	Street Address/PO Box		City	State	Zip Code
Home	Telephone Number Work Telephone No	umber Date of Birth	E	-Mail Address	
l reau	est a waiver to the Lottery Tuition As	sistance eligibility requ	irement relating to	the submission	on of the Free
Applic	cation for Federal Student Aid (FAFS)	A) for the following reas	son(s):		
					INITIAL AL THAT APPL
					-
•	I am aName of High School		led in a dual enrollmen	t program	8
_	I have already earned a Bachelor's Degree a	and I will provide a transcript	or conv of my diploma	from	
•	Thave already earned a Dachelor's Degree a	ilia i wili provide a transcript	or copy or my diploma		
	Name of Institution	•			
	I am not enrolled in a program that is eligibl	e for Title IV Federal Aid			
			Fa		(
•	I am a dependent student who cannot get m	y parents' or guardian's tax i	rorm.		
•	I have, or my family has, an adjusted gross	income of at least \$80,000			-
By not	submitting the FAFSA, I acknowledge that:				
•	I am a U. S. Citizen and a resident of the Sta	te of South Carolina.			
•	I will not be eligible to receive other Title IV Grant, Perkins Loan, Stafford Loans, Federa in other loan programs offered by the South require the submission of the FAFSA. Furth held liable for any amount of federal or state	al Work Study and the SC Neo Carolina Student Loan Corp ner, I understand that neither	ed-Based Grant. Also, poration or other state a the State of South Car	I will not be able to assistance prograr	o participate ns that
•	I do not owe a refund or repayment of a state grant, Pell grant, or a Supplemental Educational Opportunity Grant, and I am not in default on a loan under the Federal Perkins Loan, Federal Stafford Loan, William D. Ford Federal Loan, or any state loans. I understand that the institution will verify this.				
•	 The provided information is correct and if any of the information is false, I understand participation in the Lottery Tuition Assistance Program will be cancelled and reimbursement of Lottery Tuition Assistance Funds will be required. Further, I understand that if I have attempted to obtain, or have obtained Lottery Tuition Assistance through means of a willfully false statement or failure to reveal any material fact, condition, or circumstance affecting eligibility, I can be subject to the college/university's code of student conduct and applicable civil or criminal penalties. 				
•	This waiver is not valid until all requested d been verified.	ocumentation is provided to	the financial aid office,	and all document	ation has
			 ,		
Studen	at Signature	Date		FOR	OFFICE USE ONLY
					□ APPROVED
Parent/Guardian Signature (if student is under the age of 18) Date					□ NOT APPROVED

Date

SA 08/15