



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 Number

Date of Birth

E-Mail Address

I request a waiver to the Lottery Tuition Assistance eligibility requirement relating to the submission of the Free Application for Federal Student Aid (FAFSA) for the following reason(s):

**INITIAL ALL
THAT APPLY**

- I am a _____ student enrolled in a dual enrollment program
Name of High School _____
- I have already earned a Bachelor's Degree and I will provide a transcript or copy of my diploma from
Name of Institution _____
- I am not enrolled in a program that is eligible for Title IV Federal Aid _____
- I am a dependent student who cannot get my parents' or guardian's tax form. _____
- 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 State of South Carolina.
- I will not be eligible to receive other Title IV aid which includes the Pell Grant, Federal Supplemental Educational Opportunity Grant, Perkins Loan, Stafford Loans, Federal Work Study and the SC Need-Based Grant. Also, I will not be able to participate in other loan programs offered by the South Carolina Student Loan Corporation or other state assistance programs that require the submission of the FAFSA. Further, I understand that neither the State of South Carolina nor the institution can be held liable for any amount of federal or state funds that I forgo by signing this waiver.
- 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 documentation is provided to the financial aid office, and all documentation has been verified.

Student Signature

Date

Parent/Guardian Signature (if student is under the age of 18)

Date

Financial Aid Signature

Date

FOR OFFICE USE ONLY

☐ APPROVED

☐ NOT APPROVED

SA 08/15