



South Carolina State Grants/Scholarships Affidavit

As a Need-based Grant and/or LIFE or Palmetto Fellows Scholarship recipient, I certify that I have not been convicted of any felonies. Further, I certify that I have not been convicted of an alcohol or drug related misdemeanor or any second or subsequent offense during the preceding calendar year defined as 12 months from the date of the start of school for the period of this award. If I am adjudicated delinquent or am convicted or pled guilty or nolo contendere to any felonies of an alcohol or drug related misdemeanor or any second or subsequent offense under the laws of this or any other state, I agree to notify the Financial Aid Office by the start of school. I hereby give permission for a background check to be conducted to verify the above. I understand additional information may be requested after the background check has been conducted.

Any false information provided by the student or an attempt to expend any scholarship funds for unlawful purposes or any purpose other than in payment or reimbursement for the cost of attendance at the institution authorized to award the scholarship and/or grant will be cause for immediate cancellation. Any student who has obtained a scholarship through means of a willfully false statement or failure to reveal any material fact, condition, or circumstances affecting eligibility will be subject to applicable civil or criminal penalties, including retroactive loss of the scholarship and/or grant.

LIFE or Palmetto Fellows Scholarship Recipients who do not complete a Free Application for Federal Student Aid:

- I also affirm that I am presently not in default on any Federal or State student loans nor do I owe any refunds to any Federal or State financial aid programs.

Need-based Grant Recipients Only:

- As a Need-based Grant recipient, I certify that I have not received the Grant for more than eight (8) full-time equivalent terms.

Please check below applicable grant/scholarship:

- Hope Life Need-Based Palmetto Fellows

Printed name

Social Security Number

Signature

Date

**THIS FORM MUST BE RETURNED BEFORE ANY GRANT/SCHOLARSHIP
CAN BE DISBURSED.**