South Carolina Need-Based Grant Affidavit

2012-2013

SCNBG Affidavit SOUTH CAROLINA NEED-BASED GRANT Affidavit and Certification

State law requires that a student receiving the South Carolina Need Based Grant must certify that he/she has no criminal record, has never been convicted of a felony as defined under State Statute Section 16-1-10 and is of good moral character by submitting a signed affidavit to the institution.

The student must sign this affidavit. Any false information provided by the student or any attempt to obtain, expend, or attempt to expend any need based grant for unlawful purposes, or any purpose, other than in payment of/reimbursement for the cost of tuition and fees and other educational costs, at the institution authorized to award the Need Based Grant, will be cause for immediate cancellation of the Need Based Grant.

REQUIRED CERTIFICATIONS: PLEASE CHECK ONLY ONE

_____ I hereby certify that I:
   Am a legal Resident of South Carolina
   Have completed the Free Application for Federal Student Aid
   Am of good moral character
   Have not been convicted of any felonies and have not been convicted of any drug-related misdemeanor offenses
   Do not owe a refund or repayment on a State Grant, a Federal Pell Grant, or a Federal Supplemental Educational Opportunity Grant
   Am not in default on any State or Federal Loan
   Am enrolled in at least six semester credit hours each semester
   Am maintaining a GPA of 2.0 or above
   Am making Satisfactory Academic Progress
   Do not have an Associate or Bachelor Degree
   Will use the South Carolina Need Based Grant funds for appropriate educational purposes

_____ No, I do not meet the above required certifications for the South Carolina Need Based Grant, and I decline the South Carolina Need Based Grant.

Note: Any student who has obtained a SCNBG 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 the loss of the SCNBG.

By my signature below, I understand and affirm the above S.C. Need Based Grant affidavit.

PRINT NAME __________________________ SSN _______________________

SIGNATURE __________________________ DATE _______________________

Complete, sign, and return this form to Technical College of the Lowcountry, Financial Aid Office.

Technical College of the Lowcountry
921 Ribaut Rd. – PO Box 1288
Beaufort, SC 29901-1288

The Technical College of the Lowcountry is committed to a policy of equal opportunity for all qualified applicants for employment without regard to race, gender, national origin, age, religion, marital status, veteran status, disability or political affiliation or belief. Revised 04-18-2011