



SOUTH CAROLINA STATE AID AFFIDAVIT 2020-2021

Any false information provided by the student or any 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.

FOR LIFE RECIPIENTS ONLY:

For purposes of determining my **LIFE Scholarship** grade point average (GPA), I certify that I have submitted previous and current official transcript(s) for **all** institutions I have ever attended including college grades earned while in high school and out-of-state institutions. I also affirm that if I take courses after signing this document, I will submit any additional transcripts to my home institution. I understand that this information will be used to determine my LIFE Scholarship GPA only and will not be used for my institutional academic standing or for graduation purposes.

Check one: Incoming Freshman Transfer Student Returning Student

Colleges/Universities Attended:

Dates Attended:

I _____ (**Student's Name Printed**), certify that I have **never** been adjudicated delinquent or been convicted or pled guilty or nolo contendere to any felonies **and** have **not** been convicted or plead guilty or nolo contendere to any second or subsequent alcohol or drug related misdemeanor offenses under the laws of this or any other state or under the laws of the United States since one year prior to the first day of classes for the Fall 2020 Semester. If my status changes after signing this affidavit and before the first day of classes for the Fall 2020 Semester, I understand and agree that I must and will immediately report my adjudication, conviction or plea to my college financial aid office and that I will lose eligibility for 2020-2021 State Aid.

_____ I 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.

_____ I affirm that I am a US Citizen.

_____ I affirm that I am a SC resident.

Student's Signature

Date

Student's Social Security Number

Phone Number

Students receiving any state scholarship must complete this form and return to:

Erskine College
Financial Aid Office
PO Box 338
Due West, SC 29639
by July 16, 2019