

Affidavit to Receive S.C. Scholarship and/or Grant at Winthrop University

This form must be completed by students who receive funds from a South Carolina scholarship or grant fund. Failure to complete and submit this form will result in a delay in the crediting of these funds to your student account.

As a Need-based Grant and/or HOPE, LIFE or Palmetto Fellows Scholarship recipient, I certify that I have never been adjudicated delinquent, convicted or pled guilty or *nolo contendere* to any felonies or any second or subsequent alcohol/drug related misdemeanor offenses under the laws of this or any other state or under the laws of the United States. (** See note below if any convictions.**)
If I am adjudicated delinquent or am convicted or plead guilty or *nolo contendere* to any felonies or any alcohol or drug related misdemeanor offenses under the laws of this or any other state, I agree to notify the Financial Aid Office immediately. 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 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.

LIFE Recipients: I certify that I have presented official transcripts from all colleges attended (including colleges attended while enrolled in high school) to Winthrop University.

IF I am a recipient of HOPE, LIFE or Palmetto Fellows Scholarship, 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.

IF I am a recipient of funds from the Need-based Grant, I certify that, including the award for the current year, I have not received the Grant for more than eight (8) full-time equivalent terms. (Questions? Contact the Office of Financial Aid.)

Signature

Date

PRINT Your Full Name

Social Security Number

****I have been adjudicated delinquent, convicted, or pled guilty or *nolo contendere* to a felony(ies) and/or any second or subsequent alcohol/drug related misdemeanor offenses. Please list specifics below:**

Conviction 1: _____ Date _____ Jurisdiction _____

Conviction 2: _____ Date _____ Jurisdiction _____

Return this AFFIDAVIT to the Office of Financial Aid; 119 Tillman Hall; Rock Hill, SC 29733.