

**WINTHROP UNIVERSITY
OFFICE OF FINANCIAL AID**

**South Carolina Education Enhancement Agreement
For Academic Year 2026-2027**

Student's Name _____ **Winthrop ID Number** _____

To be considered for the South Carolina Education Enhancement (up to \$2,500 per year), please complete and return this form and agreement to the Office of Financial Aid. Completing this form does not guarantee eligibility for the SC Education Enhancement. Please check your Wingspan account for award information and messages concerning your eligibility.

ELIGIBILITY - Please initial the following section, declaring your eligibility:

_____ I am in my second, third, or fourth year of college (college classes taken during high school not applicable to determining year in college for this enhancement).

_____ I am currently receiving the LIFE Scholarship or Palmetto Fellows Scholarship.

_____ I am enrolled in an undergraduate program that will lead to a teaching certificate at the time of graduation or I am participating in Winthrop's Teaching Fellows program.

_____ I understand that one year of full-time work service is required for every year I receive the SC Education Enhancement.

_____ I understand that the full-time work obligation can only be completed in a South Carolina public school.

_____ I understand if I change my major to a non-eligible major, or leave the Teaching Fellows program, the Enhancement already received will revert to a loan that will have to be repaid.

_____ I understand if I do not complete the work obligation, the Enhancement already received will revert to a loan that will have to be repaid.

CERTIFICATION STATEMENT

I certify that the information submitted above is true and correct. I have read and understand the information presented on the attached 2026/2027 SC LIFE/Palmetto Fellows Scholarship Education Enhancement Agreement.

Student's Signature _____ Date _____

SUBMISSION – Submit a signed copy of this form and the 2026/2027 SC LIFE/Palmetto Fellows Scholarship Education Enhancement Agreement to the Office of Financial Aid.

Please allow 2-3 weeks for processing from the time you submit this form to the Office of Financial Aid.

149 McLaurin Hall, Rock Hill, SC 29733

(803) 323-2189 (phone) – (803) 323-2557 (fax) – finaid@winthrop.edu

Securely upload forms through Wingspan (Financial Aid – Upload Docs card)

Office Use Only:

Has LIFE or PFS Completed Agreement Awarded (n/a if denied) RRAAREQ Updated Major/Progress Confirmed

Initials _____ Date _____ approved denied RHACOMM Notification Sent (n/a if approved)



2026-27 SC LIFE/Palmetto Fellows Scholarship Education Enhancement Agreement

ELIGIBILITY CRITERIA - *The following criteria are required of all recipients. Should you not meet the following criteria, you are not eligible for the Enhancement. You must meet the Eligibility Criteria each year in order to receive the Education Enhancement.*

1. A resident student who is attending an eligible four-year public or independent institution of higher learning in SC (the “College”);
2. Majoring in an eligible education, science education, or mathematics education program OR is an eligible undergraduate Teaching Fellow.
3. Must be receiving a LIFE/Palmetto Fellows Scholarship for the current year;
4. Must be a sophomore undergraduate level or higher based on initial enrollment;
5. May not receive the Enhancement for more than three total years of instruction, including the sophomore year, if enrolled in a CHE approved four-year degree program, or for not more than four total years of instruction, including the sophomore year, if enrolled in a CHE approved five-year degree program or a 3 plus 2 program;
6. Must be making satisfactory academic progress as defined by the College;
7. Must be enrolled as a full-time undergraduate degree-seeking student as defined by the College;
8. Graduated from high school or completed a home school program as prescribed by law; and
9. Be a U.S. citizen or permanent resident (green card holder) at the time of high school graduation and be a legal resident of South Carolina as defined in applicable State statutes governing the determination of residency for tuition and fee purposes at the time of high school graduation.

PLEASE NOTE: The Education Enhancement requires a work service in a South Carolina public school to be forgiven. Recipients who do not work at an eligible public school in South Carolina must repay the Enhancement as defined by the repayment terms set forth in this agreement

The Enhancement may not exceed the cost of attendance as determined by the College’s Financial Aid Office.

Forgiveness

The SC LIFE/Palmetto Fellows Scholarship Education Enhancement requires the recipient to work in a South Carolina public elementary or secondary school in order to receive forgiveness of the Enhancement. Forgiveness is based on a recipient working one full year for each year the Enhancement is received. For example, if a student enters into an Enhancement Agreement for three (3) years and then works for two (2) years, the student will be required to repay one (1) year of the Enhancement. If the student worked for three (3) years, the entire Enhancement amount would be forgiven. **I agree to notify the financial aid office should I wish to cancel aid for any reason including but not limited to changes in enrollment or course of study. Failure to work in an SC Public school will require repayment of the full amount of the Enhancement funds received by the student.**

2026-27 SC LIFE/Palmetto Fellows Scholarship Education Enhancement Agreement

Section 1: Student Information:

1. Social Security Number: _____

2. Date of Birth (mm/dd/yyyy): _____

3. Legal Name (Last, First, M/I): _____

4. Permanent Mailing Address: _____
(Street Address)

(City)

(State)

(Zip)

5. Email Address: _____

6. Phone Number: _____

7. Anticipated Graduation Date: _____

8. Select Applicable Terms:

- Fall and Spring 2026/2027
- Fall 2026 Only
- Spring 2027 Only
- Summer 2027 (if eligible to do so)

Promise to Pay: I, the undersigned Student recipient identified in Section 1, promise to pay you or your order when this note becomes due as set forth in the Agreement on the reverse side of this application. My signature certifies that I agree to the terms of the Enhancement Agreement as summarized on the back of this form. In addition, if my school participates in electronic funds transfer (EFT), I authorize the school to transfer the Enhancement proceeds received by EFT to my student account. **I hereby certify and authorize the school to disburse an amount up to but not to exceed \$2,500 unless it is required to reduce based on state and/or federal regulations to not exceed the cost of attendance. I hereby certify that I have read and agree to the Student Certification and Authorization included with this form and that upon graduation, I plan to work in a South Carolina public school at the elementary or secondary level. I agree to notify the financial aid office should I wish to cancel aid for any reason including but not limited to changes in enrollment or course of study.**

Signature: _____ Date: _____

AFTER SIGNING, DELIVER THE SIGNED DOCUMENT TO THE FINANCIAL AID OFFICE OF THE COLLEGE YOU ARE CURRENTLY ATTENDING

Section 2: School Section (To be Completed by the Financial Aid Office):

Enhancement AMOUNT: I, the undersigned certifying official for the College, acknowledge that the over signed Student is eligible for an Enhancement in the amount identified below for the applicable school year.

\$

Name of Student: _____

Base Scholarship Type: (LIFE or PFS): _____

Name Of College: _____ School Code: _____

Name of Certifying School Official (Print or Type): _____

Certifying Official Signature: _____ Date: _____

Enhancement Agreement

As used here, "I," "me", and "my" refer to the Student. The word "CHE" refers to the South Carolina Commission on Higher Education and any successors or assigns.

1. **Program Eligibility.** I agree that to maintain eligibility under this program, I must be pursuing a course of study leading to certification as described by the SC Department of Education. I agree that I shall:
 - a) Maintain enrollment on a full-time basis in an eligible four-year public or independent institution of higher learning in SC (the "College"); and
 - b) Maintain LIFE/Palmetto Fellows Scholarship eligibility for the current year;
 - c) Pursue a course of study leading to teacher certification, as determined by the state of South Carolina; and
 - d) Once certified, work on a full-time basis in South Carolina in a public elementary or secondary school; and
 - e) Provide CHE, or its agents, as it requires, evidence of compliance with the above requirements.

2. **Enhancement Amounts.** I understand that state funding and the amount of the Enhancement is subject to change at any time. Furthermore, I understand that participants in the program may not receive an Enhancement that exceeds the Enhancement amount certified by the College. The amount of the Enhancement is not to exceed \$2,500 and may be less depending on state and federal regulations not to exceed the cost of attendance.

3. **Forgiveness/Cancellation.** I understand that I shall be eligible to receive forgiveness that equals one year of Enhancement funds received for every one year of full-time work service that is completed. There will be no forgiveness for partial years of working. I understand that if I do not initially meet the requirements for forgiveness as set forth in Item 1(C) above, but subsequently do so, I will not be entitled to a refund or credit provided for any amount of my Enhancement I have repaid; however, any unpaid Enhancement Balance at the time I begin to work will be eligible for forgiveness subject to all terms and conditions contained herein.

4. **Repayment.** I agree that if CHE determines that I have failed to meet the conditions described in Item 1. I agree that I will:
 - a) Repay the amount of the Enhancement received, prorated according to the fraction of the working obligation not completed, as determined by CHE (the "Enhancement Balance").
 - b) On the first day of the calendar month after six months have elapsed after I cease to carry the normal full-time academic workload at an eligible institution, commence making regular monthly payments on the Enhancement Balance
 - c) Immediately following any period in which I am no longer meeting the requirement of the work service, I will commence making regular monthly payments on the Enhancement Balance

5. **Repayment Assistance.** Upon request and agreement between my servicer and me, I may be granted a forbearance in which regular payments do not have to be made.
6. **Payments.** I agree that if required by Item 4 to repay my Enhancement Balance I shall:
 - a) Repay the Enhancement Balance in periodic installments during the repayment period that begins as noted in Item 4(B) and (C).
 - b) Make payments according to a schedule established by the servicer which calls for complete repayment in not more than ten (10) years from the beginning of the repayment period. This period will be extended by any period of forbearance granted to me as described in Item 5 above. Unless specifically authorized by the servicer, the monthly installments shall be at a rate of not less than \$50 per month.
7. **Prepayment.** I may prepay the Enhancement Balance in whole or in part, without penalty. If I prepay the Enhancement Balance in part, I agree to continue to make regularly scheduled payments until all of the Enhancement Balance is paid in full.
8. **Discharge.** I understand that CHE will cancel my Enhancement repayment obligation if it determines:
 - a) On the basis of a sworn affidavit of a qualified physician, I am unable to work on a full-time basis because of an impairment which began after contracting for the Enhancement that is expected to continue indefinitely or result in death; or
 - b) On the basis of a death certificate or other evidence of death that is conclusive under state law that I have died.
 - c) I agree that, in order to cancel my obligation as described above, I, my personal representative, or my estate, must submit an Affidavit of Total and Permanent Disability, Death Certificate, or other documentation required by CHE in order to render a discharge determination.
9. **Default.** At the option of CHE, or its agents, the student may be in default under the terms of this Enhancement Agreement after any notice required by law, and CHE, or its agents, will have the right to give Student notice that the Enhancement Balance is due and payable at once. If CHE chooses to accelerate payment of the Enhancement Balance, CHE does not give up its right to do so. A student will be in default for any of the following reasons:
 - a) Student fails to make required Enhancement payments by the end of the calendar month in which the Enhancement Balance becomes 180 days past due; or
 - b) Student made any materially untrue statement or misrepresentation in applying for this Enhancement or at any time thereafter; or

- c) Student fails to comply with the express purpose and terms of this Enhancement.
10. **Waiver.** I acknowledge and agree that failure by CHE to exercise any right hereunder with respect to any failure or breach of mine shall not constitute a waiver of the rights as to any subsequent breach or failure.
11. **Governing Law and Notices.** The terms of this Enhancement Agreement will be interpreted in accordance with South Carolina and federal laws. Any notice required to be given will be effective if mailed by first class to the latest address I have provided.
12. **Assignment, Sale or Transfer.** Enhancement Agreement to anyone else. CHE may sell, or otherwise transfer, one or all of my Enhancements without my consent. Should ownership or servicing of a Enhancement be transferred, I will be notified of the name, address, and telephone number of the new holder and if the address to which I make my payments changes. Sale or transfer of my Enhancements to a subsequent holder does not affect my rights and responsibilities.

Student Certification and Authorization

I declare that the following is true and correct:

1. The information I have provided on this document is true, complete, and correct to the best of my knowledge and belief and is made in good faith.
2. The proceeds of this Enhancement will be used only for approved educational expenses.
3. I understand that I am required to notify South Carolina Commission on Higher Education (CHE) (or any subsequent holder of my Enhancement(s)) in writing if any of the following events occur before the Enhancement is repaid: (a) I change my address; (b) I change my name (e.g., maiden to married); (c) I change my employer or my employer's address changes; or (d) I have any other change in status that would affect my Enhancement status.
4. I acknowledge that this Enhancement is subject to the limitations on dischargeability in bankruptcy contained in the provisions of the United States Bankruptcy Code, including but not limited to, 11 U.S.C. §523.
5. Telephone Communications Privacy Act: If I have listed a cellular phone number in my application, or later provide a cellular phone number to CHE, then I authorize CHE, its affiliates, servicers, service providers, or agents, to call my cellular phone or send SMS text messages to me using an automatic telephone dialing system or prerecorded message in order to provide account information and services regarding my account or any of the products or services I request from CHE. Receipt of cellular phone calls or SMS text messages may be subject to service provider charges. CHE may contact me in order to assist me with the completion of any application I begin, to address any technical problems associated with my account or any product or service I request, or to send me notices regarding my account, approval for any products or services for which I apply, payment reminders, or collection efforts. If I do not want to receive cellular phone calls and SMS text messages about my Enhancement, I can unsubscribe by contacting CHE its affiliates, servicers, service providers, or agents.
6. If I provide CHE with an email address in this application, or later provide CHE with an email address, then I authorize CHE, its affiliates, servicers, service providers, or agents to contact me by email in order to provide information to me regarding my Enhancement, this Agreement, or my relationship with you. You may contact me to assist in the completion of the Enhancement process, to address any technical issues associated with my Enhancement, or to send me notices relating to my Enhancement. If I do not wish to receive email communications from you, I will contact my designated servicer. CHE its affiliates, servicers, service providers, or agents may contact me by using any email address provided to you.
7. I authorize the release of information pertinent to this Enhancement Agreement (a) to the College and (b) CHE, (c) any assigns of the Commission; and (d) to other organizations to the extent permitted by law.