

Deadline: May 22, 2026

**WINTHROP UNIVERSITY
OFFICE OF FINANCIAL AID**

**Year-Round State Scholarship
Summer 2026 Affidavit**

Student's Name _____

Winthrop ID Number _____

The SC Commission on Higher Education (CHE) has authorized the availability of LIFE & Palmetto Fellows scholarships for summer 2026, for those students who will be enrolled full-time (at least 12 credit hours) at Winthrop and who met the renewal criteria for their state scholarship at the end of Spring 2026. Information on year-round state scholarships can be found here - <https://www.winthrop.edu/financialaid/sc-scholarships-year-round-faqs.aspx>.

As a potential year-round scholarship recipient, I understand the following (read & initial):

_____ The purpose of this year-round scholarship is to accelerate my progress to graduation (graduate in less than 4 years)

_____ I must be enrolled and BEGIN full-time coursework at Winthrop in the summer (at least 12 credit hours) to receive the scholarship. If I do not begin at least 12 credit hours, I will not be eligible for the summer term of my state scholarship, even if I have already begun and/or completed other summer coursework.

_____ It is my responsibility to ensure I begin at least 12 credit hours, even if Winthrop cancels one of my planned courses due to low enrollment.

_____ I will be using one of my eight terms of state scholarship eligibility. There are no additional terms of state scholarship funds being given.

_____ If I am eligible for the Enhancement scholarship, I will also be using one of my six terms of enhancement eligibility and will not have the option of declining Enhancement funds to save for another term.

_____ If I withdraw from all summer courses (or drop below 12 credit hours) I may have to repay some or all of my summer state scholarship

_____ By participating in summer 2026, I am not required to participate in summer 2027.

AFFIDAVIT & CERTIFICATION STATEMENT

As a state 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. 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 Office of Financial Aid immediately. I hereby give permission for the South Carolina Commission on Higher Education (CHE) to conduct a background check to verify the above. I understand additional information may be requested if a background check is conducted.

I understand that any false information provided by me or any attempt to expend my 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. I understand if I have obtained a scholarship through means of a willfully false statement or failure to reveal any material fact, condition, or circumstances affecting eligibility that I will be subject to applicable civil or criminal penalties, including retroactive loss of the scholarship and/or grant.

I certify that I have presented official transcripts from all colleges I have attended to Winthrop University, including colleges attended while enrolled in high school. 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 provide authorization for my summer scholarship information to be available to institutions for determination in continued scholarship eligibility. I understand that any changes to my summer enrollment may result in the reduction or elimination of financial aid eligibility. I realize that I am responsible for paying the summer tuition and fees even if I do not receive financial aid.

Student's Signature _____

Date _____

Office of Financial Aid Use: I discussed via email with this student regarding his/her _____ scholarship and I have reviewed the benefits and concerns regarding year round scholarships with this student.

FA Staff Name _____

Date _____