



2016-2017 DUALY ENROLLED HIGH SCHOOL STUDENT- STUDENT FORM

Instructions: This form is to be completed by a high school student who is dually enrolled in high school taking college courses via the Dual Enrollment program through USC _____.

Last Name	First Name	Middle Initial	Social Security Number
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Street	City	State	Zip	Current Phone Number
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Name of high school: _____

Lottery Tuition Assistance (LTAP) is awarded based on the number of credit hours you are enrolled each semester at no more than the state approved rate per credit hour. You must enroll for at least 6 credit hours each semester at a single institution to receive lottery Tuition Assistance. Lottery Tuition Assistance is a tuition reduction program and as such you cannot receive a refund check from this award. You must be a South Carolina Resident for at least 1 year to be eligible for LTAP.

By signing below you are confirming that you have read and agree with the following statements:

I hereby request a waiver to the Lottery Tuition Assistance eligibility requirement relating to the submission of the Free Application for Federal Student Aid (FAFSA) for the following reasons. By not submitting the FAFSA, I acknowledge that:

- I am a high school student enrolled in a dual enrollment program with the intent to earn a college degree after high school.
- I will not be eligible to receive other Title IV aid, which includes the Federal Pell Grant, Federal Supplemental Educational Opportunity Grant, Perkins Loan, Federal Direct Loans, Federal Work Study and the SC Need-Based Grant.
- I will not be able to participate in other loan programs offered by the South Carolina Student Loan Corporation or other state assistance programs that require the submission of the FAFSA.
- I understand that neither the state of South Carolina nor the institution can be held liable for any amount of federal or state funds that I forgo by signing this waiver.
- I do not owe a refund or repayment of a state grant, Federal Pell Grant, or Supplemental Education Opportunity Grant, and I am not in default on a loan under the Federal Perkins Loan, Federal Direct Loan, or any state loans. I understand that the institution will verify this.
- Male Students Only: I have registered with the Selective Service or I have been exempted from this requirement according to federal law. I understand that students who fail to register with the Selective Service or fail to be exempt from that requirement are not eligible to receive Lottery Tuition Assistance.
- This waiver is not valid until all requested documentation is provided to the Financial Aid Office, and all documentation has been verified.

I also hereby certify that, as a Lottery Tuition Assistance recipient,

- I am not a recipient of the HOPE, LIFE, or Palmetto Fellows Scholarship during this academic year (though I am not forgoing my eligibility after High School Graduation).
- I do not have an Associate or Bachelor Degree, Certificate or College Diploma.
- I am not in default on a Federal or State student loan or owe a refund to a Federal or State student grant.

The information provided herein is true and accurate to the best of my knowledge. I understand that any attempt to obtain or expend Lottery Tuition Assistance for unlawful purposes, or failure to reveal any material fact, condition, or circumstances affecting eligibility, or for any purpose other than in payment or reimbursement for the cost of tuition and mandatory fees at the institution authorized to award the funds will be cause for immediate cancellation of tuition assistance received and that I can be subject to the university's code of student conduct and applicable civil or criminal penalties.

Student's Signature

Date



2016-2017 DUALY ENROLLED HIGH SCHOOL STUDENT - SCHOOL FORM

Instructions: This form is to be completed by an authorized representative of the high school who enrolls the student while the student is also taking college courses via the Dual Enrollment program through USC _____.

Student's: Last Name First Name Middle Initial Social Security Number

Complete the below information for the above listed high school student:

HIGH SCHOOL NAME: _____

Street City State Zip Current Phone Number

Student's GPA: _____ on the South Carolina Uniform Grading Scale (SC UGS)

ENROLLMENT PLANS:

The above student is enrolled in the following classes and all students in these classes will receive college credit:

The above student is anticipated to be enrolled in the following dual enrollment credit hours for these semesters:

Fall 2016 for ____ hours Spring 2017 for ____ hours Summer 2017 for ____ hours

Student must enroll for at least 6 hours each semester at a single institution to receive Lottery Tuition Assistance for that semester.

By signing this form, I certify that the above information is accurate and the student is a high school student participating in a dual enrollment program.

Name of High School Representative Title

Email Address Telephone Number

Signature of High School Representative Date