



Mail Stop 6033 • Post Office Box 5616 • Greenville, South Carolina 29606-5616 • (864) 250-8000

South Carolina Lottery Tuition Assistance Program Application to Waive FAFSA Requirement

Last Name _____ First Name _____ Middle Initial _____

Social Security Number (student ID number) _____

Program/Major _____ Class Start Date _____

I 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 reason (check all that apply):

- I am a high school student enrolled in a dual enrollment program.
- I have already earned a Bachelor's Degree and I will provide a transcript or copy of my diploma.
- I am not enrolled in a program that is eligible for Title IV federal aid.
- I am a dependent student who cannot get my parents' or guardians' tax form.

****Must complete verification on back of form.***

- I have, or my family has, an adjusted gross income of at least \$80,000*

****Must attach most recent year tax return for verification.***

By **not** submitting the FAFSA, I acknowledge that:

- I will not be eligible to receive other Title IV aid, which includes the Pell Grant, Federal Supplemental Educational Opportunity Grant, Perkins Loan, Stafford Loans, federal work study and the SC Need-based Grant. Also, 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. Further, 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, Pell Grant, or Supplemental Education Opportunity Grant, and I am not in default on a loan under the Federal Perkins Loan, Federal Stafford Loan, William D. Ford Federal Loan, or any state loans. I understand that the institution will verify this.
- The provided information is correct and if any of the information is false, I understand participation in the Lottery Tuition Assistance Program will be cancelled and reimbursement of Lottery Tuition Assistance funds will be required. Further, I understand that if I have attempted to obtain, or have obtained Lottery Tuition Assistance through means of a willfully false statement or failure to reveal any material fact, condition, or circumstance affecting eligibility, I can be subject to the college/university's code of student conduct and applicable civil or criminal penalties.
- This waiver is not valid until all requested documentation is provided to the financial aid office, and all documentation has been verified.

Student Signature _____ Date _____ Award Year _____

Financial Aid Signature _____ Date _____ Approved Not Approved

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(continued)

Parental Non-Support of Dependent Student

If you indicated on the front of this form that you are a dependent student who cannot get their parent or guardian's tax form, please verify the reasons below. If your parents refuse to provide financial support for you, then your parent(s) must complete the section below.

***If your parent(s) refuse to sign this statement you must provide a notarized statement from a third party (i.e. teacher, pastor, coworker, caseworker, etc.) who can verify the fact that your parents refuse to support you financially.*

Date parental financial support ended: _____

I/we, the parent(s) do not and will not financially support this student for the current school year.

Student Signature _____ Date _____

Parent Signature _____ Date _____