



**ACG1 CERTIFICATION & AFFIDAVIT - SC**  
**2007-2008 Academic Year**

Student Last Name	First Name	MI	Lander ID
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**The Academic Competitiveness Grant regulations issued by the U.S. Department of Education requires documentation of eligibility prior to disbursement of the funds. Please complete this form and return it to the Office of Financial Aid as soon as possible. Your signature is required.**

**Requirements:**

- Must have graduated from High School **AFTER** January 1, 2006.
- Must not have previously enrolled in a program of undergraduate education as a degree seeking student.
- Must be receiving a Pell Grant.
- Must be a citizen of the United States (permanent residents and other non-citizens are not eligible).
- Must be enrolled **full-time** in a four year degree program and completed less than 24 credit hours.
- Not be in default on any State or Federal loan or owe a refund or repayment on any State or Federal grant.
- Must have completed at least 1 of the rigorous secondary school programs of study below:
  1. Must have completed ALL of the following required classes:  
**4 years of English, 3 years of math (Algebra I and above), 3 years of science (at least two are Biology, Chemistry, Physics), 3 years of social studies and 1 year of a foreign language.**
  2. Completed two or more AP courses with a score of 3 **OR** two IB courses with passing test score of 4.
  3. Received the South Carolina Academic Achievement Honors Award.
  4. Completed the College Preparatory Course Prerequisite Requirements.
  5. Successfully completed a High Schools That Work Award of Educational Achievement program.

**Please check the box that applies to you. You must check one box.**

- I received an ACG Grant at \_\_\_\_\_ institution for the \_\_\_\_\_ term(s).
- I have never received an ACG Grant at any institution (including Lander University).

**Please check the box that applies to you. You must check one box.**

- I accept the ACG1 Grant and hereby certify that I meet ALL the above requirements.
- I must **DECLINE** the ACG1 Grant as I do **NOT** meet ALL the above requirements.

I understand that providing any false information or attempting to obtain, expend, or attempt to expend any ACG1 Grant for unlawful purposes or any other purpose other than in payment or reimbursement for the cost of tuition and fees and other educational costs at Lander University will be cause for immediate cancellation of the ACG1 Grant.

**Student's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

DATA ENTRY	(Circle one)	COUNSELOR REVIEW	
RRAAREQ	<b>Signed, Accept box checked, and Never received box checked = S</b> and file <b>Incomplete (missing signature or not accepted) = M</b> (mailed), ROAMESG set, RHACOMM, copy in file <b>Marked Declined = N</b> and forward to counselor for review Marked Received a ACG at another institution = N and forward to counselor for review	RRAAREQ	
Initials/Date		RPAAWRD	
Fwd to CNSLR Date		RHACOMM	