



Lander University Office of Financial Aid

320 Stanley Avenue, Greenwood, SC 29649
Email Address: finaid@lander.edu • Web Site: www.lander.edu/finaid
Phone: (864) 388-8340 • Fax: (864) 388-8811

10SCNB

SCNBG CERTIFICATION & AFFIDAVIT 2009-2010 Academic Year

Student Last Name First Name MI Lander ID

The S.C. Need Based Grant (SCNBG) regulations issued by the S. C. Commission on Higher Education on behalf of the S.C. General Assembly require recipients to complete this document and submit it to our office prior to grant funds being officially disbursed. Please complete this form and return it to the Office of Financial Aid as soon as possible. Your signature is required.

Requirements:

- I have been a resident of the state of South Carolina for twelve consecutive months.
- I am a US citizen or legal permanent resident.
- I am of good moral character.
- I will use the S. C. Need Based Grant funds for appropriate educational purposes at Lander University.
- I do not owe a refund or repayment on any State or Federal educational grant.
- I am not in default on any State or Federal loan.
- I have a cumulative GPA of at least 2.0.
- I am enrolled (or plan to enroll) at least half-time (6 credit hours) per semester.
- After spring term, I have earned 24 credit hours per year if full-time or at least 12 credit hours if part-time.
- **I have not received the S.C. Need Based Grant for more than six semesters at all institutions.**

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

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

I have never been adjudicated delinquent, convicted, or pled guilty or *nolo contendere* to any felonies or any second or subsequent alcohol/drug related offenses under the laws of this or any other state or under the laws of the United States within the last academic year. I understand that if I have been convicted of a second alcohol or drug related misdemeanor offense, I am ineligible only for the next academic year of eligibility after the conviction occurred. I understand that providing any false information or attempting to obtain, expend, or attempt to expend any S.C. Need Based 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 S.C. Need Based Grant. I further understand that if I obtain a S.C. Need Based Grant through a willfully false statement or failure to reveal any material fact, condition, or circumstance affecting eligibility, I will be subject to applicable civil or criminal penalties including loss of the S.C. Need Based Grant.

Student's Signature

Date

DATA ENTRY	(Circle one)	COUNSELOR REVIEW	
RRAAREQ	Signed and Accept box checked = S and file Incomplete (missing signature or not accepted) = M (mailed), ROAMESG set, RHACOMM, copy in file Marked Declined = N and forward to counselor for review	RRAAREQ	
Initials/Date		RPAAWRD	
Fwd to CNSLR Date		RHACOMM	