



Lander University Financial Aid Office

21HOPE

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S.C. HOPE SCHOLARSHIP CERTIFICATION & AFFIDAVIT 2020–2021 Academic Year

Students awarded funds from the South Carolina HOPE Scholarship Program must complete and submit this document to our office prior to any funds being disbursed. Students who fail to affirm each item below will be considered ineligible for the HOPE Scholarship.

Student's Last Name	First Name	MI	Lander ID (L#)
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Requirements:

- I am eligible for the HOPE Scholarship to the best of my knowledge.
- I am a US citizen or legal permanent resident.
- I am a legal resident of the state of South Carolina **AND** was a SC resident at the time of my high school graduation.
- I am enrolling as a first time, first year freshman.
- I have graduated (or soon will) from high school in S.C., from an approved home school program, or from a preparatory high school outside S.C. while a custodial dependent of a parent who is a legal resident of South Carolina.
- 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 am not in default nor do I owe a refund on a Federal Title IV or State of South Carolina educational grant or loan.
- I will use the HOPE Scholarship only for educational costs at Lander University.
- I have a cumulative GPA of at least 3.0 on the Uniform Grading Scale (UGS) or Uniform Grading Policy (UGP).
- I understand that my HOPE scholarship offer will be cancelled if Lander University does not receive a final high school transcript or if the final transcript indicates a GPA below 3.0 on the Uniform Grading Scale.
- I understand that if Lander University receives updated information showing that I am eligible for the LIFE or Palmetto Fellows Scholarship, my HOPE scholarship will be cancelled and replaced with the preferable scholarship.

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

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

Renewal Criteria:

The S.C. HOPE Scholarship is not renewable. However, if at the end of the first year of college enrollment, you have earned at least 30 college credit hours and a 3.0 "LIFE" GPA, you can become eligible to receive the LIFE Scholarship.

Enrollment:

S.C. HOPE Scholarship recipients must be enrolled in at least 12 college-level hours per semester in order to receive funds.

DISCLAIMER

All state awards for the 2020-2021 academic year, including the S.C. LIFE Scholarship, the S.C. HOPE Scholarship, the S.C. Palmetto Fellows Scholarship, and the S.C. Need-Based Grant, are based on Lander University's current understanding of the legislative actions and intent of the S.C. General Assembly. If, at any time, the actions of the General Assembly require changes to your award, your awards will be changed to comply with state requirements. You will be notified of any changes to your award. We apologize for any difficulty this may cause and assure you that we will communicate any changes to you as soon as possible.

I understand that I must be enrolled on a full-time basis at Lander University in order to receive the S.C. HOPE Scholarship. I further understand that the most current rules will be available to me via the S.C. Commission on Higher Education website at <http://www.che.sc.gov/Students,FamiliesMilitary/PayingForCollege/FinancialAssistanceAvailable/ScholarshipGrantGuidelines.RegisLegislation.aspx>. I understand that any student who has obtained a HOPE Scholarship through means of a willfully false statement or failure to reveal any material fact, condition or circumstances affecting eligibility will be subject to applicable civil or criminal penalties, including loss of the HOPE Scholarship. By my signature below I understand and affirm the above S.C. HOPE Scholarship affidavit.

Student's Signature	Phone #	Date
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DATA ENTRY	Financial Aid Office Use Only (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	
		RPAAWRD	
Initials/Date		ROAUSDF FIELD 8 as needed	
Fwd to CNSLR Date		RHACOMM	