

Office of Financial Aid
Southern Wesleyan University
P.O. Box 1020 Central, SC 29630
Telephone 864-644-5500 Fax 864-644-5970

S.C. HOPE SCHOLARSHIP AFFIDAVIT AND CERTIFICATION 2009-2010

The South Carolina General Assembly imposed certain requirements on students awarded the HOPE Scholarship. The student must complete this document and submit it to our office before any funds will be made available for the payment of tuition, fees, or other educational expenses. Please complete and submit this form to the address above as soon as possible. Full and updated regulations may be found at: www.che.sc.gov.

Please print.

Full Name: _____ Social Security Number: _____

High School Graduation: State _____, Year _____ or GED: State _____, Year _____

Anticipated Date of College Graduation: _____

I hereby certify that I:

- Have never been convicted of or pled guilty to any felonies and/or have not been convicted of or pled guilty to any second or subsequent alcohol or drug related misdemeanor offense during the preceding calendar year defined as 12 months from the date of the start of the school for the period of this award. If I am adjudicated delinquent or am convicted or plead guilty or nolo contendere to any felonies or any alcohol or drug related misdemeanor offenses under laws of this or any other state or under the laws of the United States, I agree to notify the financial aid office immediately. I agree to notify the Financial Aid Office should this status change by the start of school.
- Am not in default nor owe a refund on Federal Title IV or State of South Carolina Educational loan.
- Am a SC resident and a U.S. citizen or a permanent resident who meets the definition of an eligible non-citizen under State residency status;
- Will use the funds for tuition, fees and other educational costs at SWU;
- Understand I must enroll for at least 12 Southern Wesleyan credit hours (**not including Developmental Courses**) each semester this scholarship is received;
- Understand I **must complete at least 30 credit hours (not including Developmental Courses)** and maintain a cumulative grade point average of **3.0** or better in order to qualify for the LIFE Scholarship in a subsequent year;

By my signature below I understand and affirm the above certification and that I am of good moral character. I understand that any false information I provide or any attempt to expend any scholarship funds for unlawful purposes or any purpose other than in payment or reimbursement for the cost of attendance at the institution authorized to award the scholarship and/or grant will be cause for immediate cancellation. I understand that if I obtain the HOPE Scholarship through means of a willfully false statement or failure to reveal any material fact, condition or circumstances affecting eligibility I will be subject to applicable civil or criminal penalties, including retroactive loss of the HOPE Scholarship. I hereby give permission for a background check to be conducted to verify the above. I understand additional information may be requested after the background check has been conducted.

Student's signature

Date