



## Undergraduate Evening Studies 2009-2010 Academic Year

Complete this form for all financial aid (loans or grants). If you are applying for loans and grants, you must complete the Free Application for Federal Student Aid (FAFSA), available at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). For information or assistance, contact the Office of Financial Aid at 864-294-2204.

### PART I

Full Name \_\_\_\_\_  
Last First Middle Preferred

Home Address \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Number and Street City State Zip Phone

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email address \_\_\_\_\_

College(s) Attended \_\_\_\_\_  
Attach separate sheet to list all colleges attended, if necessary.

Will your employer pay for part or all of your tuition expenses?  Yes  No  
If yes, how much will your employer pay each term? \$ \_\_\_\_\_

How many Credit Hours are you planning to take for each term of enrollment during this academic year?  
Fall 2009 \_\_\_\_\_ Spring 2010 \_\_\_\_\_ Summer 2010 \_\_\_\_\_

GRADE LEVEL: \_\_\_\_\_ (Based on Credit Hours Earned)  
FR= less than 28 hours SO=28-57 hours JR=58-87 hours SR=at least 88 hours (128 are required to graduate)

LOAN AMOUNT REQUESTED:  FR=\$3,500  SO=\$4,500  JR=\$5,500  SR=\$5,500  Other:\$ \_\_\_\_\_

Check if you want to borrow an additional unsubsidized Stafford Loan:  
 FR=\$6,000  SO=\$6,000  JR=\$5,000  SR=\$5,000  Other:\$ \_\_\_\_\_

**ALL FIRST TIME STAFFORD LOAN BORROWERS AT FURMAN MUST COMPLETE ENTRANCE COUNSELING**  
([www.mappingyourfuture.org](http://www.mappingyourfuture.org)) **BEFORE FUNDS CAN BE DISBURSED.**

## **PART II**

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All South Carolina Tuition Grant, HOPE or LIFE scholarship recipients must complete an affidavit **annually** in order to receive the grant:

*By signing this document, I affirm that As a South Carolina Tuition Grant and/or South Carolina HOPE or LIFE scholarship recipient, I certify that I have not been convicted of any felonies. Further, I certify that I have not been convicted of an alcohol or drug related misdemeanor offense during the preceding calendar year defined as 12 months from the date of the start of school for the period of this award. If I am adjudicated, delinquent or am convicted or pled guilty or nolo contendere to any felonies or any second or subsequent alcohol or drug related misdemeanor offenses under the laws of this or any state, I agree to notify the Office of Financial Aid by the start of school. I hereby give permission for the background check to be conducted to verify the above. I understand additional information may be requested after the background check has been conducted.*

*Any false information provided by the student or any attempt to expand 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. Any student who has obtained a scholarship through means or 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 retroactive loss of the scholarship and/or grant. I also affirm that I am presently not in default on any Federal or State student loans nor do I owe any refunds to any Federal or State financial aid program.*

*For purposes of determining my LIFE Scholarship grade point average (GPA), I certify that I have submitted previous and current official transcript(s) for all South Carolina institutions that I have ever attended. I also affirm that if I take courses after signing this document, I will submit any additional transcripts to my home institution. I understand that this information will be used to determine my LIFE Scholarship GPA only and will not be used for my institutional academic standing or for graduation purposes.*

Student's Name (please print) \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_