



**2020-21**  
**SOUTH CAROLINA STATE AID AFFIDAVIT**

As a South Carolina Tuition Grant and/or South Carolina HOPE, LIFE, or Palmetto Fellows Scholarship recipient, I certify that I have not been convicted of any felonies. Further, I certify that I have not been convicted of any second or subsequent alcohol or drug-related misdemeanor offenses 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 a second alcohol or drug-related misdemeanor offenses under the laws of this or any other state, I agree to notify the Office of Financial Aid by the start of school. 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.

Any false information provided by the student 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. Any student who has obtained a 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 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 programs.

**FOR LIFE RECIPIENTS ONLY:**

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** institutions I have ever attended including college grades earned while in high school and out-of-state institutions. 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.

**FOR ENHANCEMENT RECIPIENTS ONLY:**

For purposes of maintaining my **Enhancement Scholarship**, I understand that I must declare an eligible major or be listed in an eligible major, prior to the last day of drop/add during the fall semester. Failure to be in the appropriate major of study will forfeit my scholarship enhancement for the remainder of the academic year.

**Check one:**  Incoming Freshman  Current Day Student  Evening  Transfer Student

\_\_\_\_\_  
Student (Official) Name  
*Please print*

\_\_\_\_\_  
Furman ID

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Social Security Number

**Mail to:**

Furman University  
Enrollment Services  
3300 Poinsett Highway  
Greenville, SC 29613-5253