

FAFSA Waiver

** Please Complete with Blue or Black Ink Only **

Last Name	First Name	Middle Initial	Student ID	
Street		City	State/Zip	_
/ Phone # (Home or Cell)	/		/ Vork)	
_	ne Lottery Tuition Assistance od, (FAFSA), for the following		_	Free Application
• I am a high sch	ool student enrolled in a dual er	nrollment program.		
• I have already	earned a Bachelor's Degree (Tra	nnscript(s)/Diploma(s) requ	ired).	
I am not enrolle	ed in a program that is eligible f	or Title IV Federal Aid.		
I am a depende	nt student who cannot get my pa	arent's or guardians' tax for	rm.	
By not submitting the l	FAFSA, I acknowledge that:			
Opportunity Gr be able to partic programs that r	gible to receive other Title IV a ran, Perkins Loan, Direct Staffor cipate in other loan programs of equire the submission of the FA oe held liable for any amount of	rd Loans, Federal Work Stu fered by the South Carolina FSA. Further, I understand	dy and the SC Need-based Gra Student Loan Corporation or of that neither the state of South C	nt. Also, I will not other state assistance
in default on a	refund or repayment of a state g loan under the Federal Perkins I ns. I understand that the institut	Loan, Direct Federal Staffor		
Program will be cancelled attempted to obtain, or h	on is correct and if any of the infect and reimbursement of Lotter ave obtained Lottery Tuition A or circumstances affecting eliginal penalties.	y Tuition Assistance funds ssistance through means of	will be required. Further, I unde a willfully false statement or fa	erstand that if I have ilure to reveal any
This waiver is not valid been verified.	l until all requested document	ation is provided to the Fi	nancial Aid Office, and all do	cumentation has
Student Signature			ate	