Last Name: ____________________________ First Name: ____________________________ Middle Initial: ____________________________

TTC Student ID #: ____________________________ Phone Number: ____________________________

Program of Study: ____________________________

I request a waiver to the Lottery Tuition Assistance eligibility requirement relating to the submission of the Free Application for Federal Student Aid (FAFSA) for the following reason (check all that apply):

☐ I am a high school student enrolled in a dual enrollment program.

☐ I have already earned a Bachelor’s Degree and I will provide an official transcript or copy of diploma to TTC’s Admissions Office.

☐ I am enrolled in a program that is not eligible for Title IV federal aid.

☐ I am a dependent student who cannot get my parents’ tax return transcript

*(Please attach a letter from a teacher, counselor, court representative, or religious leader, on letterhead stationery explaining the reason for this situation.)*

☐ I have, or my family has, an adjusted gross income of at least $80,000*

*(Please attach 2017 tax return transcripts from irs.gov for verification.)*

By not submitting the FAFSA, I acknowledge that:

- I will not be eligible to receive other Title IV aid, which includes the Pell Grant, Federal Supplemental Educational Opportunity Grant, Perkins Loan, Stafford Loans, federal work-study and the SC Need-based Grant. Also, I will not be able to participate in other loan programs offered by the South Carolina Student Loan Corporation or other state assistance programs that require the submission of the FAFSA. Further, I understand that neither the state of South Carolina nor the institution can be held liable for any amount of federal or state funds that I forgot by signing this waiver.

- I do not owe a refund or repayment of a state grant, Pell Grant, or Supplemental Education Opportunity Grant, and I am not in default on a loan under the Federal Perkins Loan, Federal Stafford Loan, William D. Ford Federal Loan, or any state loans. I understand that the institution will verify this.

- The provided information is correct and if any of the information is false, I understand participation in the Lottery Tuition Assistance Program will be cancelled and reimbursement of Lottery Tuition Assistance funds will be required. Further, I understand that if I have attempted to obtain, or have obtained Lottery Tuition Assistance through means of a willfully false statement or failure to reveal any material fact, condition, or circumstance affecting eligibility, I can be subject to the college/university’s code of student conduct and applicable civil or criminal penalties.

- This waiver is not valid until all requested documentation is provided to the financial aid office, and all documentation has been verified.

A. Student Signature

By signing this form, I certify that all the information reported is complete and correct. A delay in processing will result if this form is not signed or if there is conflicting information on this worksheet. WARNING: If you purposely give false or misleading information on this form, you may be subject to fines and/or other penalties.

Print Student Name: ____________________________ ID#: ____________________________

Student Signature: ____________________________ Date: ____________________________