

SC Lottery Tuition Assistance Waiver

Last Name: _____ First Name: _____ Middle Initial: _____

TTC Student ID #: _____ Phone Number: _____

I request a waiver to the SC 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*
***(Must attach 2019 tax return transcripts from irs.gov or 2019 IRS Income Tax Return (signed by taxpayer).**

By **not** submitting the FAFSA, I acknowledge that:

- This waiver is not valid until all requested documentation is provided to the financial aid office and has been verified.
- I will not be eligible to receive other Title IV aid, which includes the Pell Grant, Federal Supplemental Educational Opportunity Grant (FSEOG), Stafford Loans, federal work study and the SC Need-based Grant, or other state assistance programs that require the submission of the FAFSA. Further, I understand that neither the state of South Carolina nor TTC can be held liable for any amount of federal or state funds that I forego by signing this waiver.
- I do not owe a repayment or refund of a Pell Grant, FSEOG, or state grant; nor am I in default on a 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 SC Lottery Tuition Assistance Program will be cancelled and reimbursement of SC Lottery Tuition Assistance funds will be required. Further, I understand that if I have attempted to obtain, or have obtained SC 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's code of student conduct and applicable civil or criminal penalties.

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: _____

For Office Use Only:

Witnessed / Received by: _____

Title: _____

Signature: _____

Date: _____