

***This section must be completed by the student.***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

TTC Student ID#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I \_\_\_\_\_, authorize the financial aid office at Trident Technical College to request and receive all  
 (Print Name) financial aid and scholarship information from my previous college \_\_\_\_\_  
 (Name of Previous College)

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***This section must be completed by an authorized Financial Aid Counselor from a prior college:***

Initial College Enrollment date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is the student currently enrolled? Yes (  ) No (  )

Did the student have any remediation terms? Yes (  ) No (  ) If yes, what terms \_\_\_\_\_

Current Award Year: 20 \_\_\_\_ -20 \_\_\_\_

**SC LIFE SCHOLARSHIP**

Did student receive the SC LIFE Scholarship at any time during enrollment at your institution? Yes (  ) No (  ) If yes, please complete the section below.

Award year student received Life	# of terms awarded	Awarded Fall?	Awarded Spring?
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**HOPE SCHOLARSHIP**

Did student receive the Hope Scholarship at any time during enrollment at your institution? Yes (  ) No (  ) If yes, please complete the section below.

Award year student received Hope	# of terms awarded	Awarded Fall?	Awarded Spring?
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**PALMETTO FELLOWSHIP SCHOLARSHIP**

Did student receive the Palmetto Fellowship Scholarship at any time during enrollment at your institution? Yes (  ) No (  ) If yes, please complete the section below.

Award year student received PFS	# of terms awarded	Awarded Fall?	Awarded Spring?
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Authorized Financial Aid Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ --- \_\_\_\_\_

Comments: \_\_\_\_\_

**Please return by fax or email**