TRIDENT TECHNICAL COLLEGE
FINANCIAL AID/
VETERANS ASSISTANCE

2024-2025
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 reasons (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 will provide an official transcript or copy of my 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 2022 tax return transcripts from irs.gov or 2022 IRS Income Tax Return (signed by taxpayer).

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

- This waiver is invalid until all requested documentation is provided to the financial aid office and 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, 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 Neither South Carolina nor TTC can be held liable for any amount of federal or state funds 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 Direct 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 canceled, 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: _____

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