OCtech Orangeburg-Calhoun Technical College

Financial Aid Office
3250 St. Matthews Road
Orangeburg, SC 29118

2018-2019 South Carolina Need-Based Grant Verification Form

_____ _____/_____
Student's Name SS# Student ID#

College Attending: _____ Year(s) Attended: _____

I _____, authorize the financial aid office at OCtech to request and receive my
(Print Name) SC Need-based scholarship information from my previous college

Signature_____ Date _____

Indicate the term and amount of South Carolina Need Based Grant the student received while attending your institution.

Academic Year	Amount Fall	Amount Spring	Amount Summer
_____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____

_____ This student did not receive South Carolina Need Based Grant funding.

_____ There is no evidence of student enrolled.

Authorized Signature: _____

Print or Type Name: _____

Name of Institution: _____

Address: _____

Telephone: _____ Fax _____