Orangeburg-Calhoun Technical College

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

2020-2021 Lottery Tuition Assistance Waiver Form

Last Four of Social Security #_____ Student ID: _____ Date of Birth: ____/ ____ / ____

Last Name: _____ First Name: _____ MI:_____

Address: _____ City_____ State_____ Zip Code_____
(include apt. no.)

Home Phone: (___)_____ Cell Phone: (___)_____ Email: _____

High School_____ Graduation Year: _____

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 a transcript or copy of my diploma. ____
- I am not enrolled in a program that is eligible for Title IV federal aid. ____
- I am a dependent student who is not able to obtain my parents' or guardians' or spouse's tax forms. ____

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, Direct 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 forgo by signing this waiver.
- I am a U.S. citizen or a legal permanent resident.
- I am a resident of the State of South Carolina for a minimum of one year.
- 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.
- I understand that by receiving Lottery Tuition Assistance, I am not eligible to receive the LIFE scholarship in the same academic year.
- I have not benefited from the Lottery Tuition Assistance at another institution during the 2020-2021 academic year.
- 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.

_____
Student Signature Date

_____ _____ _____
Financial Aid Signature Date Approved Denied

Return this form and any attachments to the above address.