reach higher. Arrive sooner.

PLEASE PRINT CLEARLY in blue or black ink.

Semester applying for:

FALL 20

SPRING 20____

SUMMER 20____

3250 St. Matthews Road | Orangeburg, SC 29118 | 803.535.1234 or 1.800.813.6519 | www.octech.edu

RETURNING STUDENT REGISTRATION

			Date:		
OCtech Student ID or SSN	Last Name	Fire	st Name	MI	
Complete this section ONLY if the inform	nation is different from	your Early College app	lication.		
Permanent Mailing Address		City	State	Zip Code	
Home Number	E-mail Address		Co	unty of Residence	
Mobile Number	□ Text me important updates and reminders.				
In case of emergency, contact:					
Last Name First Name	Daytime	e Telephone	Work Number	Relationship	
Education Information:					
Have you attended any other college si applying to OCtech's Early College?	nce □Yes □No	COURSE NUMBER	REQUESTED (R SECTION DAYS	COURSES	
If yes, please list previous colleges you have attended:					
High School:		-			
Please read carefully and sign:					

I certify that the information provided by me on this application is complete and accurate. I authorize OCtech to release my final grades to my high school upon completion of Early College courses.

Applicant's Signature

Date

Date

School Counselor, Principal, or Headmaster Signature

Orangeburg-Calhoun Technical College 🚽

	FOR OFFICIAL USE ONLY	
Term: Staff Signature:	- _ Date:	Lunch Designation: Free Reduced Does Not Qualify District-wide Free/Reduced Designation



PLEASE PRINT CLEARLY

Se	mester applying for
	FALL 20
	SPRING 20
	SUMMER 20

OFFICE OF FINANCIAL AID

Last Name	First Name	MI	OCtech Student ID or Social Security Number
Address			U.S. Citizen?
City			Permanent Resident (Green Card Holder)?
Home Phone:			Yes No
High School:			S.C. Resident?

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) and by not submitting the FAFSA, I acknowledge that all of the following are true:

- I am a high school student enrolled in a dual enrollment program.
- I am not taking college courses or benefitting from Lottery Tuition Assistance at another institution.
- I will not be eligible to receive other Title IV aid, which includes the Pell Grant, Federal Supplemental Educational Opportunity Grant, Perkins Loans, Stafford Loans, Federal Work-Study and the S.C. 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 legal permanent resident.
- $\hfill\square$ 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.

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'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 🗌 Not Approved