SC State Affidavit Form

Note: Prior to enrolling at Wofford College, you must provide Proof of Citizenship to receive any South Carolina scholarship.

To comply with the “SC Illegal Immigration Reform Act”, South Carolina students receiving SC Hope Scholarship, SC LIFE Scholarship, or SC Palmetto Fellows Scholarship must verify that they are in the U.S. legally.

Please check your appropriate status:

________ U.S. Citizen

________ Eligible Non-Citizen

________ Naturalized Citizen

Note: Verification of your eligibility will be required. Please refer to the list of acceptable forms of documentation shown below.

SC Illegal Immigration Reform Act – 10/14/2008 Revision to policy: All SC students who have not filed a FAFSA will be asked to verify their citizenship. Acceptable forms of documentation are as follows:

U.S. Citizen:

- SC driver’s license first issued after January 1, 2002 (not a renewal)
- U.S. Passport
- Birth Certificate
- Consular Record or Certificate of Birth Abroad
- Certificate of Naturalization
- Certificate of Citizenship

Eligible Non-Citizen or Permanent Resident:

- Copy of I-94 (must be stamped “Processed for I-551” with expiration date)
- Resident Alien Card with “A” number
- Permanent Resident Card

SOUTH CAROLINA STATE AID AFFIDAVIT

All South Carolina state aid recipients must complete the following affidavit annually in order to receive state funds. Funds covered by this affidavit are: SC Hope Scholarship, SC LIFE Scholarship, and SC Palmetto Fellows Scholarship.

Please confirm your residency (complete both lines):

________ I am a SC Resident.

________ I have been a SC Resident since _____/_______/_____

Office of Financial Aid
429 North Church Street, Spartanburg, South Carolina 29303
864.597.4160 • finaid@wofford.edu
I hereby certify that I:

Have never been adjudicated delinquent, convicted or pled guilty or nolo contendre (no contest) to any felonies and have not been convicted or pled guilty or nolo contendre to any second or subsequent alcohol or drug related misdemeanor offenses under the laws of this or any other state or under the laws of the United States since one year prior to the first day classes. If my status changes after signing this affidavit, I understand and agree that I must and will immediately report my adjudication, conviction, or plea to my college financial aid office and that I may lose my eligibility for state funds.

Am not in default on a Federal Title IV or State of South Carolina educational loan.

Do not owe a refund on a Federal Title IV or State of South Carolina student financial aid program.

Am a legal resident of South Carolina as defined in the State Statute for Tuition and Fees, Statute 59-112-10.

Must be enrolled as a full-time student at the time funds are disbursed.

Acknowledge any false information provided by myself or any attempt to expend any scholarship funds for unlawful purposes or any purpose other than in payment or reimbursement for the cost of attendance at the institution authorized to award the scholarship and/or grant will be the cause for immediate cancellation. I understand if I obtain a scholarship or grant through means of a willfully false statement or failure to reveal any material fact, condition, or circumstances affecting eligibility I will be subject to applicable civil or criminal penalties, including retroactive loss of the scholarship and/or grant.

Give permission to the South Carolina Commission on Higher Education to conduct background checks to be conducted to verify the above. I also understand that additional information may be requested after the background check has been conducted.

Have provided official transcripts of all classes attempted at a college or university to the Office of the Registrar at Wofford College. I further certify that I will provide official transcripts to the Wofford Registrar for any collegiate classes being attempted now or in the future while enrolled at Wofford College. Classes attempted include any collegiate work attempted while in high school, prior to initial enrollment at Wofford, or during any summer or break in enrollment while a student at Wofford College.

Aid Year: 2017-2018

Date: ________________________________

Student Full Name Printed: ____________________________________________

Student Full Name Signature: ____________________________________________

Wofford ID #: ________________________________________________________

Social Security #: _____________________________________________________