

S.C. HOPE Scholarship Certification

(Required of all HOPE Scholarship recipients)

Complete, sign and return this form to the address listed below. Faxes are accepted.

Please check one of the following:

During the Fall 2008 and Spring 2009 semesters, where will you be living?

____ at home with parents ____ off campus but not with parents ____ on campus

As a HOPE Scholarship recipient, I certify that I have not been convicted of any felonies. Further, I certify that I have not been convicted of a second or subsequent alcohol or drug related misdemeanor offense during the preceding calendar year defined as 12 months from the date of the start of school for the period of this award. If I am adjudicated delinquent or am convicted or plead guilty or nolo contendere to any felonies or a second or subsequent alcohol or drug related misdemeanor offense under the laws of this or any other state, I agree to notify the Financial Aid Office by the start of school. I hereby give permission for a background check to be conducted to verify the above. I understand additional information may be requested after the background check has been conducted.

Any false information provided by the student 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 will be cause for immediate cancellation. Any student who has obtained a scholarship through means of a willfully false statement or failure to reveal any material fact, condition, or circumstance affecting eligibility will be subject to applicable civil or criminal penalties, including retroactive loss of the scholarship.

I also affirm that I am presently not in default on any Federal or State student loans nor do I owe any refunds to any Federal or State financial aid programs.

Signature: _____ **Printed Name:** _____

Social Security Number: _____ - _____ - _____ **Date:** _____

The HOPE Scholarship is dependent upon the availability of funds to be appropriated for the program.

Return completed form to:
Francis Marion University
Office of Financial Assistance
PO Box 100547
Florence, SC 29501

Fax: 843-661-1195