

S.C. NEED-BASED GRANT CERTIFICATION

(Required of all SC Need-Based Grant recipients)

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

As a Need-based Grant 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 pled 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 grant 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 grant will be cause for immediate cancellation. Any student who has obtained a grant 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 Grant.

As a Need-based Grant recipient, I certify that I have not received the Grant for more than eight (8) full-time equivalent terms. If you have questions regarding the number of terms you have been awarded a Need-based Grant, please contact your Financial Aid Office.

Signature

Printed Name

Social Security Number

Date

Return completed form to:

Francis Marion University
Office of Financial Assistance
PO Box 100547
Florence, SC 29501

Fax: 843-661-1195