MUSC
Medical University of South Carolina

Changing What's Possible

2022-2023 South Carolina Legislative Incentive for Future Excellence Scholarship (LIFE) Affidavit

First and Last Name: _____

PVID, or Last 4 of SSN: _____

I CERTIFY THAT:

- I am a legal resident of South Carolina.
- I am not in default or owe a refund on Federal or State financial aid.
- I am enrolled full-time.

Please check the following statement which applies to you:

☐ I am a rising junior and have completed a minimum of 60 credit hours.

☐ I am rising senior and have completed a minimum of 90 credit hours.

Please provide the following information:

Do you have a professional license or certificate? ☐ YES ☐ NO

Number of years you have been awarded the LIFE Scholarship? _____ years

Date of graduation from high school (mm/dd/yyyy) _____

First month/year I was enrolled in any college (mm/yyyy) _____

As a LIFE Scholarship recipient and/or LIFE Enhancement Scholarship recipient, I affirm that I have not been convicted of any felonies or any second or subsequent alcohol/drug related offences under the laws of this or any other state or under the laws of the United States. I agree to notify the Office of Student Financial Aid should this status change by the start of school year and/or if the adjudication, conviction, or plea occurs during the academic year of receiving the scholarship.

Conviction 1 _____ Date _____ Jurisdiction _____

Conviction 2 _____ Date _____ Jurisdiction _____

I understand that any false information provided by me of any attempt to expend any scholarship funds for unlawful purposes or any purposes other than in payment or reimbursement for the cost of tuition and book allowance at the Medical University of South Carolina will be cause for immediate cancellation. Also, I certify that I have submitted official copies of transcripts from all previously attended colleges and universities (in-state and out-of-state).

I further understand that if I obtain the LIFE Scholarship 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 loss of the scholarship.

I further understand that if I utilize a summer scholarship, I acknowledge that acceptance of a summer award disbursement will count against the maximum terms of eligibility and may not lead to early graduation. Participation in summer enrollment opportunities that use scholarship award disbursement(s) for any purpose (academic program, major/minor courses, general education or elective courses, etc.) will count against the maximum terms of eligibility. Any grades/credit hours will be used to determine continued eligibility.

For purposes of determining my LIFE Scholarship grade point average (GPA), I certify that I have submitted previous and current official transcript(s) for all South Carolina institutions I have ever attended. I also affirm that if I take courses after signing this document, I will submit any additional transcripts to the Medical University of South Carolina. I understand that this information will be used to determine my LIFE Scholarship GPA only and will not be used for my institutional academic standing for graduation purposes.

Signature: _____ **Date:** _____

Office of Student Financial Aid
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