



Changing What's Possible

2022-2023 Palmetto Fellows Scholarship Affidavit

The Palmetto Fellows Scholarship, as issued by the South Carolina Commission on Higher Education on behalf of the General Assembly, requires recipients to complete this certification and submit it to the Office of Student Financial Aid prior to scholarship funds being disbursed.

First and Last Name:

PVID, or Last 4 of SSN:

I, CERTIFY THAT:

- I am a United States citizen or a permanent resident.
- I am a legal resident of South Carolina.
- I have met the minimum eligibility requirements.
- I have earned at least a 3.0 GPA and have earned at least 30 credit hours per academic year.
- I am not in default on any federal or state student loans nor do I owe any refunds to any federal or state financial aid programs.
- I have not been adjudicated delinquent, convicted, or pled guilty or nolo contendere to any felonies or any subsequent alcohol/drug related offenses under the laws of this or any other state or under the laws of the United States within in the past academic year. I agree to notify the Office of Student Financial Aid if such event occurs. I also give permission for a background check for verification if necessary.
- I understand 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.

Please check one:

☐ I have NOT been adjudicated delinquent, convicted, pled guilty or nolo contendere to any felonies and/or any alcohol/ drug related misdemeanor offenses.

☐ I have been adjudicated delinquent, convicted, pled guilty or nolo contendere to the felony(ies) and/or the alcohol/drug related misdemeanor offenses that I have listed below:

Conviction 1 _____ Date _____ Jurisdiction _____

Conviction 2 _____ Date _____ Jurisdiction _____

I understand that any false information provided by myself or any attempt to obtain, expend, or attempt to expend any Palmetto Fellows Scholarship funds for unlawful purposes or any purpose other than in payment or reimbursement for the cost of tuition, fees, and other educational costs at the Medical University of South Carolina will be cause for immediate cancellation of the Palmetto Fellows Scholarship. I am aware that any student who has obtained a Palmetto Fellows Scholarship through means of a willfully false statement or failure to reveal any material fact, condition, or circumstances affecting eligibility will be subject to applicable civil or criminal penalties, including retroactive loss of the scholarship.

I certify that I do meet the above requirements for the Palmetto Fellows Scholarship. In addition, I understand that I must be enrolled on a full-time basis in order to receive the Palmetto Fellows Scholarship and that I can review the most current eligibility requirements on the South Carolina Commission on Higher Education website at: <http://www.che.sc.gov/Students.FamiliesMilitary/PayingForCollege.aspx>

Signature: _____ Date: _____