

Phone (803) 705-4805 **BENEDICT COLLEGE** Fax (803) 705-6584  
**HOPE, LEGISLATIVE INCENTIVES FOR FUTURE EXCELLENCE (LIFE), and PALMETTO FELLOWS**  
**SCHOLARSHIP PROGRAMS AFFIDAVIT**  
**2009-2010**

As a HOPE, LIFE, or Palmetto Fellows recipient, I certify that I have not been convicted of any felonies. Further, I certify that I have not been convicted of any 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 any alcohol or drug related misdemeanor offenses 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 an unlawful purpose 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 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 circumstances affecting eligibility will be subject to applicable civil or criminal penalties, including retroactive loss of the scholarship and/or grant.

For purposes of determining LIFE Scholarship grade point average (GPA), I certify that I have submitted previous and current official transcript(s) for all institutions I have ever attended. I also affirm that if I take courses after signing this document, I will submit any additional transcripts to Benedict College. 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 or for graduation purposes.

**PLEASE PRINT INFORMATION**

**I or at least one of my parents were legal residents of South Carolina at the time of high school graduation**  
**YES or NO.**

**This year I am a ( ) New Student or ( ) Returning Student**

**Major:** \_\_\_\_\_

**Address: Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Name of High School:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Year Graduated:** \_\_\_\_\_

**List below the names of the all colleges and universities that you have ever attended including the dates.**  
**If you were enrolled in another college or university for 1 or more courses, be sure to list each institution.**

**Example: ABC University Fall 2000-Spring 2003**

	<b>Name of Institution</b>	<b>Dates Attended</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

\_\_\_\_\_  
(Please print Last name, First name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*The completed and signed form must be returned within two weeks after receipt. You may fax the form to (803) 705-6584 or mail it to Benedict College/Attn: Office of Institutional Scholarships/1600 Harden St./Columbia S.C. 29204.*

***Only SOUTH CAROLINA RESIDENTS at the time of high school graduation will be considered.***