MUSC Office of Financial Aid Services

Palmetto Fellows Scholarship Affidavit

As a Palmetto Fellows Scholarship recipient and/or Palmetto Enhancement Scholarship recipient, I certify that I have not been adjudicated delinquent, convicted, or pled guilty or nolo contendere to any felonies or any second or subsequent alcohol/drug related offenses under the laws of this or any other state or under the laws of the United States. I agree to notify the Financial Aid Office should this status change by the start of the school year and/or if the adjudicated delinquent, conviction, or plea occurs during the academic year of receiving the scholarship.

Conviction 1: _____ **Date** _____ **Jurisdiction** _____

Conviction 2: _____ **Date** _____ **Jurisdiction** _____

Also, I understand that any false information provided or any attempt to obtain, expend, or attempt to expend the Palmetto Fellows Scholarship for unlawful purpose or any purpose other than in payment or reimbursement for the cost of attendance at the Medical University of South Carolina will be cause for immediate cancellation of the scholarship.

I certify that I am not in default or owe a refund on Federal or State financial aid or repayment including: a State Grant, Pell Grant, Supplemental Education Opportunity Grant, Perkins Loan and/or Federal Stafford Loan.

I further understand that if I obtain the Palmetto Fellows Scholarship through means of willfully false statement(s) or failure to reveal any material fact, condition, or circumstances affecting eligibility will be subject to applicable civil or criminal penalties, including loss of the Palmetto Fellows Scholarship.

Borrower Name-Required	
SSN/PVID/CollegeNet ID-Required-	
Year First Enrolled in College-(mm-yyyy)-Required	
South Carolina Resident-Required	YES ○ NO ◉
Borrower's Signature-Required- _____	
Date-Required	

NOTE: In order to be eligible for the scholarship, you must be enrolled full-time.

Last Revised 12/2008