

MUSC Office of Financial Aid Services

**SC Legislative Incentive for Future
Excellence Scholarship (LIFE) Affidavit**

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 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 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.

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 or for graduation purposes.

I further certify the following:

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

First Month/Year I Was Enrolled in Any College	Month	Year
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Please select the following statement(s) that apply to you:

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

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

I will have a Bachelor's Degree by August, .

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?

Borrower Name-Required

SSN/PVID/CollegeNet ID-Required

Date of Graduation from High School

Borrower's Signature-Required- _____

Date-Required

THIS FORM MUST BE RETURNED BEFORE ANY SCHOLARSHIP FUNDS MY BE RELEASED.