MUSC Office of Financial Aid Services

SC Need-Based Grants Affidavit

I certify that I have no criminal record and am good moral character; moreover, by submitting this affidavit to the Medical University of South Carolina, I am testifying to the fact that I have not been adjudicated delinquent or been convicted or pled guilty or nolo contendere to any felonies or any second or subsequent alcohol or drug-related offenses under the laws of this or any other state or under the laws of the United States. I also understand that is adjudicating, conviction, or plea offense that I will be ineligible for the next academic year of eligibility after the conviction occurred. 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 need-based grant.

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

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

I understand that any false information provided or any attempt to obtain, expend, or attempt to expend any need-based grant for unlawful purposes or any purpose other than in payment or reimbursement for the cost of tuition and fees at the Medical University of South Carolina will be cause for immediate cancellation of the need-based grant. 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 need-based 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 need-based grant.

Borrower Name-Required	
SSN/PVID/CollegeNet ID-Required-	
High School Graduation Date-(mm-yyyy)-Required	
Do You Have a Bachelor's Degree?-Required	YES ○ NO ◉
Are You a South Carolina Resident?-Required	YES ○ NO ◉
Borrower's Signature-Required- _____	
Date-Required	

NOTE: In order to be eligible for the grant, you must be enrolled at least 6 hours and be a South Carolina Resident.