



Full Name: \_\_\_\_\_ SSN or ID number: \_\_\_\_\_

High School Graduation: State \_\_\_\_\_ Year \_\_\_\_\_ or GED: State \_\_\_\_\_ Year \_\_\_\_\_

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

I hereby certify that:

- I have not been adjudicated (by a judge or court) a delinquent, convicted or pled *nolo contendere* to any felonies and/or any second or subsequent alcohol/drug related misdemeanor offenses. **If a conviction was more than one year ago or if you completed an approved rehabilitation program, see the Office of Financial Aid.** I agree to notify the Financial Aid Office should this status change by the start of the school year.
- I am not in default on a Federal Title IV or State of South Carolina Educational loan.
- I do not owe a refund on a Federal Title IV or State of South Carolina educational grant or loan.
- I am a legal resident of the State of South Carolina, working toward my first undergraduate degree.
- I have graduated, or soon will, from high school in South Carolina, from an approved home school program, or from a preparatory high school outside of South Carolina while a custodial dependent of a parent who is a legal resident of South Carolina.
- I will use the LIFE Scholarship only for educational costs at Coastal Carolina University.
- I have not received the South Carolina LIFE Scholarship for more than six semesters at all institutions.
- I have a cumulative GPA of at least 3.0 on the SC Uniform Grading scale. If I am a transfer, I have a cumulative GPA of at least 3.0 at all LIFE eligible institutions combined.
- I understand I must enroll in at least 12 credit hours each semester this scholarship is received.
- I fully understand that renewal eligibility is based on my earning no less than a 3.0 LIFE grade point average and earning 30 credit hours per academic year. (For first-time students entering the spring semester, earn a 3.0 grade point average and complete 15 credit hours.)
- I have provided Coastal Carolina University with current or final academic transcripts from all other institutions attended.

**Please check the box that applies to you. You must check one box.**

- I ACCEPT the LIFE Scholarship and hereby certify that I meet ALL of the above requirements.**
- I must DECLINE the LIFE Scholarship as I do NOT meet ALL of the above requirements.**

By my signature below I understand and affirm the above certification and that I am of good moral character. I understand that any false information I provide or any attempt to expend any scholarship funds for unlawful purposes or any purpose other than in payment or reimbursement for the cost of attendance at the institution authorized to award the scholarship will be cause for immediate cancellation. I 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 will be subject to applicable civil or criminal penalties, including retroactive loss of the LIFE Scholarship. 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.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date