

**SOUTH CAROLINA
HOPE SCHOLARSHIP
2009-2010**



Full Name: _____ SSN or ID number: _____

High School Graduation: State _____ Year _____ or GED: State _____ Year _____

Permanent Phone # _____ Cellular Phone # _____

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 and 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 am a first-year undergraduate student seeking my first baccalaureate degree.
- I will use the Hope Scholarship only for educational costs at Coastal Carolina University.
- I have a cumulative GPA of at least 3.0 on the SC Uniform Grading Scale.
- I understand I must enroll in at least 12 credit hours each semester this scholarship is received.
- I fully understand that the Hope Scholarship is not renewable. However, if at the end of the first year of college enrollment I have earned at least 30 credit hours and a 3.0 "LIFE" GPA, I can become eligible to receive the LIFE Scholarship.
- I have provided Coastal Carolina University with current or final academic transcripts from all schools attended. I further certify that I will provide an official transcript to Coastal Carolina University for any collegiate classes attempted in the future while enrolled at Coastal Carolina University.

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 Hope 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 Hope 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.

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

I ACCEPT the Hope Scholarship and hereby certify that I meet ALL of the above requirements.

I must DECLINE the Hope Scholarship as I do NOT meet ALL of the above requirements.

Student's Signature

Date

**Please return completed form to: Coastal Carolina University / Office of Financial Aid / P.O. Box 261954 / Conway, SC 29528-6054
Faxes are accepted. Fax Number: (843) 349-2347**

**The Hope Scholarship is dependent upon action by the General Assembly and amounts are dependent upon the availability of funds to be appropriated for the program. **