DENMARK TECHNICAL COLLEGE

Office of Student Financial Aid and Veteran's Affairs

HIGH SCHOOL
LOTTERY TUITION ASSISTANCE WAIVER

Academic Year: 2024 – 2025

_____ _____

Last Name **First Name** **Middle Initial** **Student ID number**

_____

Street **City** **State/** **Zip**

|_____|_____|_____| |____|_____|_____|

Phone (Work) **Phone (Home)**

I request a waiver to the Lottery Tuition Assistance eligibility requirement relating to the submission of the Free Application for Federal Student Aid (FAFSA) for the following reason (check all that apply):

- I am a high school student enrolled in a dual enrollment program. ____
- I am not enrolled in a program that is eligible for Title IV federal aid. ____

By not submitting the FAFSA, I acknowledge that:

- I will not be eligible to receive other Title IV aid, which includes the Pell Grant, Federal Supplemental Educational Opportunity Grant, Perkins Loan, Stafford Loans, federal work study and the SC Need-based Grant. Also, I will not be able to participate in other loan programs offered by the South Carolina Student Loan Corporation or other state assistance programs that require the submission of the FAFSA. Further, I understand that neither the state of South Carolina nor the institution can be held liable for any amount of federal or state funds that I forgo by signing this waiver.
- I do not owe a refund or repayment of a state grant, Pell Grant, or Supplemental Education Opportunity Grant, and I am not in default on a loan under the Federal Perkins Loan, Federal Stafford Loan, William D. Ford Federal Loan, or any state loans. I understand that the institution will verify this.
- Male Students Only: If I am 18 years of age, I have registered with the Selective Service or I have been exempted from this requirement according to federal law. I understand that students who fail to register with the Selective Service or fail to be exempt from that requirement are not eligible to receive Lottery Tuition Assistance.
- The provided information is correct and if any of the information is false, I understand participation in the Lottery Tuition Assistance Program will be cancelled and reimbursement of Lottery Tuition Assistance funds will be required. Further, I understand that if I have attempted to obtain, or have obtained Lottery Tuition Assistance through means of a willfully false statement or failure to reveal any material fact, condition, or circumstance affecting eligibility, I can be subject to the college/university's code of student conduct and applicable civil or criminal penalties.
- This waiver is not valid until all requested documentation is provided to the financial aid office, and all documentation has been verified.

_____

Student Signature Date

_____ _____ _____

Financial Aid Signature Date Approved Not Approved