

**Piedmont Technical College
Federal Certification
2009-2010 Academic Year**

Name: _____ SSN: _____ PTC ID: P _____

Have you attended any other colleges during the 2009-2010 Academic Year? YES or NO
If yes, list colleges and Financial Aid received: _____

Certifications

- I understand that due to FERPA regulations my financial aid information including my award **cannot be given to anyone** other than myself. Only limited information can be given over the phone or by e-mail. Specific account information can be accessed via my Pathway account at www.ptc.edu.
- I certify that I am not in default on any Title IV (Federal) student loan nor do I owe a refund on awards from a federal grant for attendance at any school.
- I further certify that I will promptly notify the Financial Aid Office of any additional aid that I receive and of any questions I have about my award or contents of the award letter.
- I understand that it is my responsibility to be knowledgeable of the requirements to retain the financial assistance given, both federal and state, and the information contained in the college catalog regarding financial aid including the Satisfactory Academic Progress Policy.
- Aid will not cover classes that are **dropped** from my class schedule nor will it cover any type of audit. Aid adjustments are made after notification of a student's change in enrollment hours. **I understand that I must notify the Financial Aid Office on the same day that I drop a class in order to adjust the financial aid on my account. Failure to do this could result in an overpayment on my account. I also understand that the federal earned aid policy may require me to repay all or a portion of my federal aid if I withdraw from all classes before completing 60% of the semester.**

I have read and understand the above conditions.

Student Signature _____
Date

Authorization

If you qualify for **federal** student aid funds, do you authorize these funds to be used for allowable school billed charges (tuition, fees, books, supplies, and fines)? () Yes () No

If no, do you understand that you will be responsible for paying all school billed charges? () Yes () No

If yes, do you understand that this request can be rescinded in writing at any time? () Yes () No

Student Signature _____
Date

Pell Grant Information

Initially PELL will be awarded 50/50 for fall and spring terms as a full time student. However, a PELL recipient who does not attend one semester (fall or spring) or enrolls in less than full time one or both semesters should be eligible to receive PELL funds for the summer term. If enrolled full time for fall and spring semesters, no PELL funds will remain for the summer. Lottery funds should be available to assist with tuition expenses for the summer term. **Because lottery only funds a portion of tuition costs, it will be the student's responsibility to budget funds for the summer term.**

I have read and understand the above Federal PELL Grant awarding policy.

Student Signature _____
Date

**TO DETERMINE YOUR ELIGIBILITY FOR THE SC NEED BASED GRANT
YOU MUST COMPLETE THE REVERSE SIDE OF THIS FORM**

If you are unable to complete any portions of this form (front or back), please speak to a financial aid specialist.

**2009-2010
Piedmont Technical College
South Carolina Need Based Grant
Required Certification and Affidavit**

This certification is used by the Financial Aid Office to determine eligibility for the SC Need-Based Grant. The FAFSA and financial aid process must be completed before eligibility can be determined. Each question must be answered for the application to be complete. If you are unable to complete, please speak with a financial aid counselor regarding your alternatives.

Please answer the following questions:

| | | | |
|---|---------|--------|--|
| 1. Have you completed the Free Application for Federal Student Aid (FAFSA)? | () Yes | () No | |
| 2. Are you a resident of South Carolina? | () Yes | () No | |
| 3. Do you have a two-year or four-year degree? | () Yes | () No | |
| 4. Do you have a criminal record and/or have been convicted of a felony? | () Yes | () No | |
| 5. Will you be enrolling in at least 6 semester hours per semester? | () Yes | () No | |
| 6. Do you have a cumulative GPA of 2.0 ("C") or above? | () Yes | () No | |
| 7. Have you received the South Carolina Need Based Grant at other institutions? | () Yes | () No | |
| If yes, how many terms _____ at _____ college/university | | | |
| 8. Have you received the LIFE Scholarship at other institutions? | () Yes | () No | |
| If yes, which year _____ and how many terms? _____ | | | |

Required Certification

This certifies that I, _____ (please print your full name) am a resident of South Carolina based on Statue 59-112, I certify that I have not been convicted of any felonies. Further, I certify that I have not been convicted of a second offense alcohol or drug related misdemeanor during the preceding calendar year defined as 12 months from the date of the start of school for the period of this award. If I am adjudicated delinquent or am convicted or pled guilty or nolo contendere to any felonies or any alcohol or drug related second offense misdemeanors under the laws of this or any other state, I agree to notify the Financial Aid Office by the start of school. I hereby give permission for a background check to be conducted to verify the above. I understand that additional information may be requested after the background check has been conducted. I also affirm that I am presently not in default on any Federal or State student loans nor do I owe any refunds to any Federal or State financial aid programs.

Any false information provided by the student or any attempt to expend any grant 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 grant will be cause for immediate cancellation. Any student who obtained a grant through means of 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 grant.

As a State Need Based Grant recipient, I certify that I have not received the grant for more than eight (8) full-time equivalent terms. If you have questions regarding the number of terms you have been awarded a State Need Based Grant, please contact your financial aid office.

_____ **P** _____

| | | | |
|-------------|------------|---------------|-------------|
| Name | SSN | PTC ID | Date |
|-------------|------------|---------------|-------------|

| | |
|--|---|
| Office Use Only | |
| ROARMAN EFC _____ | ROAUSDF (SCNB INDICATOR) _____ ROARMAN _____ confirm unmet need |
| SHATERM (must be 2.0 or greater) | |
| SHADGMQ OR SOAPCOL Degree History _____ (No Associate or Bachelor's degrees) | |
| SHATERM FALL 08 _____ | SPRING 09 _____ |
| (IF previous SCNB awarded; 6-11 hours must complete 6, 12+ hours must complete 12) | |
| SGASTDN Program _____ (must be 16+ cert., diploma, degree) | |
| SGASTDN Residency _____ (In-County Codes or Out of County Code) | |
| RRAAREQ (SCND) _____ | Awarded date: _____ Counselor Initials _____ |