



DUAL ENROLLMENT APPLICATION

_____/_____/_____
Applicant's Social Security Number

1. Last Name First Name Middle Name Preferred Name
2. Mailing Address City State Zip
3. Cell Phone: _____ - _____ - _____ Home/Parents Phone: _____ - _____ - _____
4. E-mail Address: _____
5. Birth Date: _____ Male () Female ()
6. Are you a legal resident of South Carolina? Yes () No () Uncertain () If you **are** a resident of South Carolina, provide information requested below.
Upon whom are you financially dependent? () Self () Parent () Legal Guardian () Other

Name and Address of whom you are financially dependent upon:

Name Mailing Address City State Zip
7. Have you, or the person upon whom you are dependent, been employed in South Carolina within the past 12 months? () Yes () No
If yes, complete employer information below.

Employer City / State / Zip Code

Dates: From to Full-time or Part-time Telephone Number
8. How long have you lived in South Carolina? _____ Year(s) _____ Month(s) *If less than 2 years, please list previous address and length of time.*

Street City State Zip Year(s) Month(s)
9. What is your county of residence in South Carolina? _____
10. Are you a citizen of the USA? () Yes () No () Foreign, permanent resident of the USA
11. Are you licensed to drive? () Yes () No If yes, write DL number here. _____
12. Ethnic background: The University of South Carolina is required to collect information on the ethnic and racial composition of its student body and report this information to the U.S. Department of Education.

Do you consider yourself to be either Hispanic, Latino or of Spanish origin? () Yes () No

Please select one or more of the following groups with which you identify:
() American Indian or Alaskan Native () Black or African American () White () Asian () Native Hawaiian or other Pacific Islander
13. Emergency Contact: _____
Last Name First Name Middle
Relationship: _____ Contact Number: _____
14. Name of your High School: _____
City State Zip
15. I certify that all information provided in this application is complete and correct.

Student's Signature: _____ Date: _____

University of South Carolina Citizenship Status Verification

RETURN THE ORIGINAL OF THIS
FORM WITH YOUR ATTACHED
PROOF OF CITIZENSHIP TO THE
VERIFICATION OFFICIAL ON YOUR
USC CAMPUS -----
FAX

USC Columbia: University Registrar, Columbia, SC 29208
USC Lancaster: Enrollment Management, P.O. Box 889, Lancaster, SC 29721
USC Salkehatchie: Admissions, P.O. Box 617, Allendale, SC 29810
USC Sumter: Admissions Services, 200 Miller Road, Sumter, SC 29150
USC Union: Enrollment Services, PO Drawer 729, Union, SC 29379
USC Columbia: 803-777-3953

Student Name: _____ Last four digits of ID/SSN: _____

Pursuant to section 59-101-430 of the South Carolina Code of Laws, as amended in 2008, the University of South Carolina has adopted a general enrollment policy effective January 1, 2009. To attend a public university in the state, a student must be a citizen or national of the United States or an alien lawfully present in the United States.

Students must now provide proof of citizenship before being allowed to enroll in classes at the University. This verification process has been adopted to deter and prevent false claims of citizenship by unlawful aliens attempting to evade the eligibility requirements of section 59-101-430.

If you are a citizen of the United States, please sign this form, attach one of the following documents verifying your citizenship, and mail the form and attachment to the above address (mark an X next to the one you are submitting):

- _____ Copy of your South Carolina driver's license if you first became a licensed driver after January 1, 2002. The University may verify the license with the SC Department of Motor Vehicles.
- _____ Certified Birth Certificate indicating you were born in the United States or a territory of the United States, with your given name and surname, date and place of birth, date the birth record was filed, and the seal or other certification of the official custodian of the certificate.
- _____ If verification of your citizenship is based on any other document (Current U.S. Passport or U.S. Passport that has not been expired more than 10 years, Certificate of Naturalization -- USCIS Form (N-550 or N-570), U.S. government issued Consular Report of Birth Abroad, Certificate of Citizenship (N-560 or N-561), or Unexpired U.S. Active Duty/Retiree/Reservist Military ID Card (DOD DD-2) (new 1/31/09)), you may bring this form and the original document to the citizenship verification office at your campus.

NOTE: The University can accept photocopies of birth certificates and other citizenship documents so long as we reserve the right to demand production of the certified original in the event we have any questions about whether the copy is true and accurate, or in the event any of the information on the copy is unreadable.

By my signature below, I hereby attest and certify, under penalty of perjury, that I am a citizen of the United States.*

Full Signature of Student

Date

*Federal law makes it a crime, punishable by up to three years in prison, to falsely and willfully represent oneself to be a citizen of the United States.

NOTE: If name has changed since birth, you must present all legal documents (i.e., adoption records, marriage certificate, certificate of naturalization, and court ordered name change) supporting all name changes from the name which appears on the document presented as proof of citizenship.





2021-2022 DUALY ENROLLED HIGH SCHOOL STUDENT - SCHOOL FORM

Instructions: This form is to be completed by an authorized representative of the high school who enrolls the student while the student is also taking college courses via the Dual Enrollment program through USC _____.

Student's Last Name First Name Middle Initial Date of Birth SSN or VIP ID

Complete the below information for the above listed high school student:

HIGH SCHOOL NAME: _____

Street City State Zip Current Phone Number

The above student is anticipated to be enrolled in the 6 or more dual enrollment credit hours at USC _____ for these semesters:

☐ Fall 2021

☐ Spring 2022

☐ Summer 2022

Student must enroll for at least 6 hours each semester at a single institution to receive Lottery Tuition Assistance for that semester.

By signing this form, I certify that the above information is accurate and provide recommendation for this high school student to participate in a dual enrollment program through the University of South Carolina Palmetto College.

Name of High School Principal or Designee Title

Email Address Telephone Number

Signature of High School Principal or Designee Date

IMPORTANT INFORMATION

All forms must be completed for the student to be evaluated for South Carolina Lottery Tuition Assistance Eligibility.

Dually Enrolled High School Student - Student Form:

The student must complete this form.

Provide full name, date of birth, social security number **OR** VIP ID, address, and name of High School.

The student should read every line of this form before signing it. Return this form to your Guidance Counselor.

Dually Enrolled High School Student - School Form:

The High School Principal or Designee must complete this form.

Provide the full name, date of birth, and social security number **OR** VIP ID of the student.

Provide the High School name and address. Indicate which semester(s) of dual enrollment the student is expected to be enrolled.

The High School Representative must provide their name, title, contact info, and sign the form.

To be eligible for Lottery Tuition Assistance, the student must...

Be admitted: The student must complete the Admissions Application.

Be a U.S. Citizen or Eligible Non-Citizen. The student must complete the Citizenship Form.

Be a South Carolina Resident (for tuition and fees purposes). The student must complete the "SC Residency Certification Form for Dependent Students". This was provided with the Admissions Application.



2021-2022 DUALY ENROLLED HIGH SCHOOL STUDENT- STUDENT FORM

Instructions: This form is to be completed by a high school student who is dually enrolled in high school taking college courses via the Dual Enrollment program through USC _____.

Student's Last Name First Name Middle Initial Date of Birth SSN or VIP ID

Street City State Zip Current Phone Number

Name of High School: _____

Lottery Tuition Assistance (LTAP) is awarded based on the number of credit hours you are enrolled each semester at no more than the state approved rate per credit hour. **You must enroll for at least 6 credit hours each semester at a single institution** to receive Lottery Tuition Assistance. Lottery Tuition Assistance is a tuition reduction program and as such you cannot receive a refund check from this award. Be a U.S. citizen or a permanent resident that meets the definition of an eligible non-citizen under State residency statutes. Be a legal resident of South Carolina as defined in applicable State statutes governing the determination of residency for tuition and fee purposes for at least one year to be eligible for LTAP.

By signing below, you are confirming that you have read and agree with the following statements:

I hereby 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 reasons. By not submitting the FAFSA, I acknowledge that:

- I am a high school student enrolled in a dual enrollment program with the intent to earn a college degree after high school.
- I will not be eligible to receive other Title IV aid, which includes the Federal Pell Grant, Federal Supplemental Educational Opportunity Grant, Perkins Loan, Federal Direct Loans, Federal Work Study and the SC Need-Based Grant.
- 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.
- 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, Federal Pell Grant, or Supplemental Education Opportunity Grant, and I am not in default on a loan under the Federal Perkins Loan, Federal Direct Loan, or any state loans. I understand that the institution will verify this.
- Male Students Only: 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.
- This waiver is not valid until all requested documentation is provided to the Financial Aid Office, and all documentation has been verified.

I also hereby certify that, as a Lottery Tuition Assistance recipient,

- I am not a recipient of the HOPE, LIFE, or Palmetto Fellows Scholarship during this academic year (though I am not forgoing my eligibility after High School Graduation).
- I do not have an Associate or Bachelor Degree, Certificate or College Diploma.
- I am not in default on a Federal or State student loan or owe a refund to a Federal or State student grant.

The information provided herein is true and accurate to the best of my knowledge. I understand that any attempt to obtain or expend Lottery Tuition Assistance for unlawful purposes, or failure to reveal any material fact, condition, or circumstances affecting eligibility, or for any purpose other than in payment or reimbursement for the cost of tuition and mandatory fees at the institution authorized to award the funds will be cause for immediate cancellation of tuition assistance received and that I can be subject to the university's code of student conduct and applicable civil or criminal penalties.

Student's Signature

Date