



UNIVERSITY OF SOUTH CAROLINA REGIONAL CAMPUSES

Lancaster, Salkehatchie, Sumter, Union

Financial Aid Office

2011-2012 Dually Enrolled High School Students

Instructions: This form is to be completed by high school students who are dually enrolled in high school and are also taking college courses at one of the above named institutions. This form must be completed before Lottery Tuition Assistance Program (LTAP) funds can be awarded.

Priority Application Date: _____

TO BE COMPLETED BY STUDENT

Student's Name _____ SSN(Last four numbers only) _____

Address: _____

City, State, Zip: _____

Dually Enrolled High School Students? ____ Yes ____ No

If yes, name of high school. _____

Requesting aid for: (Indicate Hours) ____ Fall for ____ (# of hours) ____ Spring for ____ (#of hours)

(Note: You must enroll for at least 6 hours each term at a single institution in order to receive Lottery Tuition Assistance)

TO BE COMPLETED BY THE HIGH SCHOOL

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

Student's High School GPA: _____ on 4.0 scale

The above student is enrolled in the following classes: _____ and all students in these classes will receive college credit.

By signing this form, I certify that the above information is accurate and the student is a high school student participating in a dual enrollment program.

Signature of High School Representative _____ Title _____

Telephone Number _____ Email Address _____ Date _____

FINANCIAL AID OFFICE USE ONLY

South Carolina Resident? ____ Yes ____ No (If no, not eligible)

High School Basis/Type: _____ Exception Set? ____ Yes

The above named student meets the eligibility requirements for LTAP. ____ Yes ____ No

F. A. Office Signature _____ Date: _____