

**SC Need-based Grant Waiver Form
For
Foster Care Youth**

Name _____

Student ID Number _____

E-mail address _____

Name of College _____

I hereby grant that information requested by the SC Commission on Higher Education and the Department of Social Services may be released to them. These State agencies may access my personal demographic, academic, and financial information in order to provide academic and financial assistance.

Student Signature

Date

Name of Case Worker

County & Contact Number

Guardian (if student is under 18)

Contact Number

Date

One copy of the SC Need-based Grant Waiver Form must be submitted to each of the following agencies: 1) SC Commission on Higher Education, 1122 Main Street, Suite 300, Attn: Need-based Grant Coordinator, Columbia, SC 29201; 2) SCDSS, Attn: Foster Care/Independent Living Program, P.O. Box 1520, Columbia, SC 29202; and 3) the financial aid representative at the institution.