

Visually Impaired, Hearing Impaired and Multi-Handicapped Students: Application for Scholarship to be Sent to Approved Out-of-State Institutions

Please indicate the scholarship or grant for which you are applying:

Four year institutions:

- Palmetto Fellows Scholarship
 SC HOPE Scholarship

Two Year Institutions:

- Lottery Tuition Assistance

Please list below the terms in which you are applying for the Palmetto Fellows Scholarship, SC HOPE Scholarship, or Lottery Tuition Assistance. Please note that the Palmetto Fellows Scholarship and the SC HOPE Scholarship are awarded only during the Fall and Spring terms. Lottery Tuition Assistance is the only program in which students can receive summer funding. For the Palmetto Fellows and SC HOPE Scholarships, students can apply for the Fall and Spring terms if entering school in the Fall. If entering school in the Spring, students can only apply for the Spring term, as students will have to meet continued eligibility requirements to receive the Scholarship the following Fall term. For Lottery Tuition Assistance, students can apply for the Fall, Spring, and Summer terms if entering school in the Fall. If entering school in the Spring, students can only apply for the Spring and Summer terms, as students will have to meet continued eligibility requirements to receive the Scholarship the following Fall term.

Term(s) Applying for: Fall _____ Spring _____ Summer _____
Year Year Year

Personal Information

Name- Last First Middle Social Security #

Address- Street/PO Box City State Zip

Phone Email

What institution would you like the Scholarship to be sent? _____

What year did you graduate from high school? _____

List any previous higher education institutions attended: _____

Acknowledgements: The student is responsible for providing any and all documentation which the student believes satisfies the burden of proof. I authorize that any information, including medical records, legal documents, etc. be released to the Commission on Higher Education.

Student Signature (required)

Date

I agree that any information regarding my application may be shared with my parents or legal guardians. If this is not signed, then the application will only be discussed with the student.

Student Signature (optional)

Date