

# Financial Aid Office

University of South Carolina Lancaster

PO Box 889 • Lancaster, SC 29721-0889

Phone: 803-313-7068 • Fax: 803-313-7168 • E-mail: [usclfa@mailbox.sc.edu](mailto:usclfa@mailbox.sc.edu)

<http://usclanlaster.sc.edu/finaid/index.html>

## To TAA Participant and Training Provider:

Please complete the information below and return promptly to the above address.

This information is required before any Trade Act financial assistance can be authorized.

*This form may be faxed, mailed, or the participant may return it.*

A copy of the participant's semester schedule must be attached to this form for documentation of scheduled hours and term indicated below.

## FINANCIAL AID BUDGET AND AWARDS CERTIFICATION

### Section I (to be completed by the student)

Student's Name: \_\_\_\_\_ Last 4 digits of Social Security #: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Training Facility: USC Lancaster Term: \_\_\_\_\_

You may request to have your Financial Aid applied to your living expenses, which will allow your TAA funds to pay your tuition, fees, books and supplies. If you do not TAA Funds will only be awarded for the unmet amount of tuition, fees, books and supplies.

Do you wish to use your TAA to pay Tuition, Fees, Books and Supplies and allow any other Financial Aid to pay living expenses? **Y / N** (circle one)

By signing below I understand that I am authorizing the above named training facility to provide all necessary information regarding my financial aid to TAA.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section II (to be completed by the Financial Aid Office of the Training Facility)

Training Facility \_\_\_\_\_  
Term of Enrollment \_\_\_\_\_ # of Hours Enrolled \_\_\_\_\_  
Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Costs</b>	Tuition	\$ _____
	Mandatory Fees	\$ _____
	*Books & Supplies	\$ _____
	*Other Required Items	\$ _____
	<b>Total Costs</b>	<b>\$ _____</b>

\* Participant must complete a TAA Books, Supplies, and Other Required Items Form

<b>Financial Aid</b>	Is FAFSA Complete?	____(Y/N)	Update when student is awarded
	Federal PELL Grant	\$ _____	
	Other Scholarships	\$ _____	
	_____	\$ _____	
	<b>Total Financial Aid</b>	<b>\$ _____</b>	

**Unmet Costs** \$ \_\_\_\_\_ This is the potential TAA Eligibility

By signing below I am stating that all above information is accurate to the best of my knowledge and that I will update this information within 30 days if it changes.

Financial Aid Office Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Financial Aid Office

University of South Carolina Lancaster

PO Box 889 • Lancaster, SC 29721-0889

Phone: 803-313-7068 • Fax: 803-313-7168 • E-mail: [usclfa@mailbox.sc.edu](mailto:usclfa@mailbox.sc.edu)

<http://usclanlaster.sc.edu/finaid/index.html>

---

## To TAA Participant and Training provider:

Please complete the information below and return promptly to the above address.  
This information is required before any TAA financial assistance can be authorized.  
*This form may be faxed, mailed, or the participant may return it.*

The training provider may provide other forms or print-outs detailing the requested information below. Attach the documents to this form with signatures. A copy of the participant's semester schedule must be attached to this form as well to provide documentation of required books, supplies, and other items for the term indicated below.

## BOOKS, SUPPLIES, AND OTHER REQUIRED ITEMS

### Section I (to be completed by the student)

Student's Name: \_\_\_\_\_ Last 4 digits of Social Security #: \_\_\_\_\_  
Program of Study: \_\_\_\_\_ Training Facility: USC Lancaster Term: \_\_\_\_\_

### Section II Books (to be completed by Book Store representative)

List each course prefix and number, required book(s) and title(s), and the cost of each book.

<u>COURSE and BOOK TITLE</u>	<u>BOOK COST</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Cost of Books:</b>	<b>\$ _____</b>

Book Store Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section III Other Required Items (to be completed by instructor or Program Department representative)

Please list and provide verification of other required items as well as their cost for the above indicated courses and term. You may also include up to \$15 of generic school supplies from the bookstore (not class specific).

<u>REQUIRED ITEM</u>	<u>ITEM COST</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Cost of Other Required Items:</b>	<b>\$ _____</b>

Instructor/Program Dept. Rep's Signature \_\_\_\_\_ Date \_\_\_\_\_