

# Financial Aid Office

University of South Carolina Lancaster

PO Box 889 • Lancaster, SC 29721-0889

Phone: 803-313-7068 • Fax: 803-313-7116 • E-mail: [usclfa@gwm.sc.edu](mailto:usclfa@gwm.sc.edu)

<http://usclanaster.sc.edu/admissions/Finaidhm.htm>

## To TAA Participant:

Please complete the information below and return promptly to the address above. This information is required before any TAA 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.

## TAA 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: \_\_\_\_\_

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 USC Lancaster  
Term of Enrollment \_\_\_\_\_ # of Hours Enrolled \_\_\_\_\_  
Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Costs

Tuition \$ \_\_\_\_\_  
Mandatory Fees \$ \_\_\_\_\_  
\*Books & Supplies \$ \_\_\_\_\_  
\*Other Required Items \$ \_\_\_\_\_  
**Total Costs** \$ \_\_\_\_\_

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

#### Financial Aid

Is FAFSA Complete? \_\_\_\_ (Y/N) Update this certification when student is awarded  
Federal PELL Grant \$ \_\_\_\_\_  
Lottery Tuition Assistance \$ \_\_\_\_\_  
Other Scholarships \$ \_\_\_\_\_ Attach applicable award letters  
\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_ \$ \_\_\_\_\_  
**Total Financial Aid** \$ \_\_\_\_\_

**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 \_\_\_\_\_

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## 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.*

USCL, the training provider, may require receipts and other documentation to confirm these expenses and purchases. Attach the documents to this form with signatures. A copy of the participant's semester schedule should also be attached to this form as well to provide documentation of required books, supplies, and other items for the term indicated below.

## TAA 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.

<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 \_\_\_\_\_