

Office of Financial Aid

Phone: 864-388-8340 | Fax: 864-388-8811 | Form Code LIFEHS 320 Stanley Avenue, Greenwood, SC 29649 | lander.edu/finaid | Email: finaid@lander.edu

LIFE Scholarship for Non-SC High School Graduates

Student's Last Name	First Name	MI	Lander ID (L#)
One requirement for the LIF high school; or successfully graduated from a preparator, who is a legal resident of the requirements for tuition and for the SC LIFE Scholarsh determine your eligibility to	y completed a home s y high school outside So his State and has custo fee purposes. If you fe hip, please provide th	school program a C while a dependency ody of the dependency of that you meet	as prescribed by law; or ent of a parent or guardian dent, and meet residency the above requirements
 If you are attending school transcript and 		ool, then you must ersity calculate you	ank provide an official final high r GPA according to the UGS
 A signed copy of y The tax form must 	correspond to the year ne same parent's SC sta	ederal tax return li you graduated fro	sting you as a dependent. m high school; AND
Please take a few minutes to return to us immediately. We until you have returned all re	will not be able to deter		
As with all state scholarships funding by the state legislatu event that state program req	re. We reserve the right	to reduce or remo	
Please do not hesitate to cor	ntact the Financial Aid O	ffice if you have a	ny questions.
Please review my eligibility for the LIFE Scholarship. I have attached the required documentation and meet all other requirements for the LIFE Scholarship.			
Student's Signature (Required)	Phon	e #	Date