

# SOUTH CAROLINA HIGHER EDUCATION TUITION GRANTS COMMISSION

Submit completed form to SCTGC office at 111 Executive Center Dr, Suite 242; Columbia, SC 29210; or EMAIL [info@sctuitiongrants.org](mailto:info@sctuitiongrants.org)

## CHECK REQUEST FORM

The student(s) listed below are **eligible** for a SC Tuition Grant. This is a check request for their funds in the amount(s) indicated.

STUDENT NAME	T / NT	SSN <i>(Last 4 digits)</i>	GRANT AMT	REASON CODE	REMARKS	*STATE*	*LOT*	*CEF*	*INT*

**ACADEMIC YEAR:** \_\_\_\_\_ **TOTAL REQUESTED: \$** \_\_\_\_\_ **.00**  
(WHOLE DOLLARS)

**INSTITUTION:** \_\_\_\_\_

**FAO NAME:** \_\_\_\_\_

**FAO SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*This signature certifies that all eligibility requirements have been verified for the student(s) listed above.*

**REQUEST CODES:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>1) Residency status verified</li> <li>2) No longer zero need (include ISIR)</li> <li>3) Professional judgment</li> <li>4) Verification complete</li> <li>5) Corrected ISIR received</li> <li>6) Transferred to eligible degree program</li> <li>7) Meets SAP</li> </ul> | <ul style="list-style-type: none"> <li>8) Enrolled full time</li> <li>9) Appeal approved</li> <li>10) Transfer from another institution</li> <li>11) Not added to original report</li> <li>12) Affidavit received</li> <li>13) Transfer from NT program</li> <li>14) Incorrectly coded on report</li> <li>15) Other: Remarks required</li> </ul> |
|--|--|

**\* COMMISSION USE ONLY \***

Voucher #: \_\_\_\_\_ Voucher Total: \_\_\_\_\_

State Funds: \$ \_\_\_\_\_ Lot. Funds \$ \_\_\_\_\_

CEF Funds \$ \_\_\_\_\_ INT Funds \$ \_\_\_\_\_

Voucher Created on: \_\_\_\_\_ Initials: \_\_\_\_\_

Student Updated: \_\_\_\_\_ Initials: \_\_\_\_\_