SOUTH CAROLINA STATE DEPARTMENT OF EDUCATION

CREATE of SC

SC-CREATE

SINGLE-SOURCE SCHOLARSHIP COMMITMENT

BACHELOR / MAT / MSSLP / SPECIALIST DEGREE CANDIDATES

SOUTH CAROLINA DEPARTMENT OF EDUCATION
Office of Special Education Services

Complete and fax to 1.252.565.0082 or email as attachment to director@sccreate.org

Name _____
First Middle Initial Last

Address_____

City_____ Zip_____ Email:_____

Home Phone ( )_____ Work Phone ( )_____

School District/Agency_____ Principal/Supervisor_____

College/University Enrolled_____

Degree Program (circle): Bachelor MAT MSSLP Specialist School Year_____ – _____

I understand that the cost of attendance (COA) for a full-time college student typically includes direct costs such as tuition, fees, on-campus housing, meal plans, as well as indirect costs such as books, supplies, off-campus living expenses, transportation, and personal expenses. As a **part-time student** pursuing a degree program (indicated above) and concurrently holding a full-time job in a SC public/charter school or agency in which I am earning a salary that can be used to cover my basic living expenses, I understand that (a) my COA is limited to course tuition, applicable fees, and textbook costs, (b) these expenses will be assessed on my student account each semester at the college or university where I am enrolled, and (c) SC-CREATE funds will cover these costs in-full.

My signature below affirms that I am a scholarship recipient of the SC-CREATE program, and that **SC-CREATE is the single source of scholarship funds that I will be receiving** as a part-time student this academic year. Further, my signature affirms I will not concurrently accept or receive any other scholarship/loan funds such as FAFSA, SC Teacher Loan, TEACH, etc. I also affirm that I have authorized only SC-CREATE scholarship funds to be applied to my student account at the college/university where I am enrolled. I also affirm that I will notify the CREATE Office immediately in writing should my college's or university's Business Office inform me that I am to be awarded a disbursement in the form of a refund due to over-award or excess of funds that may appear on my student account. In addition, I affirm that I will not accept payment in any amount from my college's Business Office should they determine that I am due a refund for over-award or excess of funds from my student account. Finally, upon request, at the conclusion of any of the three semesters (fall, spring, summer), I agree to submit records of my student account to the CREATE Office for audit to verify that (a) scholarship funds have been appropriately applied to my account, (b) a zero balance has been obtained, and (c) no disbursement for over-award/excess of funds has been issued to me.

_____ _____
CREATE Participant Signature Date