



SCHOLARSHIP REFUND REQUEST FORM

SCTPP contract benefits can only be applied toward the cost of tuition and mandatory fees. Scholarship funding is generally more flexible and may be used to cover costs such as dormitory expenses, meals, laboratory fees, books, etc. Due to the rise in tuition and other fees, in most cases, it takes the SCTPP funding and scholarship funding to pay for the cost of attendance. Please contact the university's billing office and let them know you have a scholarship(s) and the SCTPP so they can coordinate all sources of funding before filling out this form.

Scholarship reimbursement is based on the full amount of the tuition and mandatory fee charges for a semester. The amount of the scholarship refund will include either the original purchase price plus the compounded rate of return earned by the Fund **OR** the current weighted average payout rate at colleges and universities in South Carolina, whichever is less.

Benefits will be deducted based on the actual credit hours billed/paid and capped at 16 credit hours.

SCTPP does not issue partial refunds.

Please allow 4 – 6 weeks for processing. All scholarship refund checks are issued to the Contributor of the account and are only processed after the drop/add period of the institution listed on this form.

Questions should be directed to Customer Service at our toll-free number, 1-888-772-4723.

FORM INSTRUCTIONS: Failure to meet the following requirements will result in a delay in processing:

- Scholarship refund requests must be submitted each semester.
- Provide the following documentation:
 1. Proof of scholarship.
 2. Enrollment verification - copy of the schedule of classes or invoice reflecting credit hours for which the beneficiary is enrolled.
 3. The form must be signed by the contributor and notarized with official notary seal.
- Submit to SCTPP, PO Box 44289, Jacksonville, FL 32231-4289 or fax to 1-800-519-4652.

Current Contract Information

SCTPP Account Number _____

Contributor Name _____ Daytime Telephone (____) _____

Beneficiary Name _____

School Information

School Name _____

City / State _____

Term / Year _____

Number of Hours Enrolled _____

I certify that I am the legal contract Contributor, and I authorize SCTPP to refund the scholarship request for the above-referenced contract for the indicated term and year.

Contributor's Signature _____ (Notary must witness signature) _____ Date _____

Notary Section

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me.

Notary Public, State of South Carolina _____ (Seal or Stamp)

My commission expires _____ Date _____

STATE OF SOUTH CAROLINA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____