



WALLACE STATE

HANCEVILLE

DISCLAIMER STATEMENT FOR NON-INSTITUTIONAL OR THIRD PARTY
FINANCIAL AID AND SCHOLARSHIPS

Student Name

Student Number

Source of Financial Aid/Scholarship

Scholarship Contact Person and Phone Number

I will receive this funding for the following semesters. (Check all that apply.)

Fall

Spring

Summer

Entire School Year

By signing this statement, I understand the above named agency is sponsoring my educational expenses. If this payment is not received, I will pay the amount immediately upon being billed.

I understand the following terms:

1. I will be responsible for paying any balance due by the end of registration.
2. I will be responsible for any balance the outside agency refuses to pay.
3. I understand payment will be due immediately upon receipt of WSCC billing notice.

Student Signature

Date