



READ THIS FIRST: This is an application for a total and permanent disability discharge of your SC Palmetto Assistance Loan. To qualify for this discharge, you must qualify for Social Security Disability Benefits, and a physician must certify in Section 3 of this form that you are unable to work and earn money because of an injury or illness that is expected to continue indefinitely or result in death.

- Type or print in dark ink.
• Sign and date the form in Section 2. A representative may sign on your behalf if you are unable to do so because of your disability.
• Have a doctor of medicine or osteopathy complete and sign Section 3.
• Complete the Financial Disclosure Statement and include verification of income and a copy of your most recent Federal tax return.
• Make sure all sections are complete. Incomplete or inaccurate applications may cause your application to be delayed or denied.

Section 1: Borrower Identification

Account Number:
Name:
Address:
City: State: Zip:
Telephone - Home Telephone - Other
Email - Home: Email - Work:

Section 2: Borrower Certification and Authorization

I request that SC Student Loan Corporation (SCSLC) discharge my loan(s) made under the Palmetto Assistance Loan Program.

I certify that I am totally and permanently disabled and regularly treated by a licensed doctor of medicine or osteopathy who is legally authorized to practice in a state. I certify that I am not expected to return to work and that I have qualified for Social Security Disability Benefits.

I hereby authorize any physician, hospital, or other institution having records about the disability that is the basis for my request for a loan discharge to make information from these records available to SCSL or their agents.

I have enclosed a copy of my Social Security Disability Benefit Award and supporting documentation.
Yes No If no, explain:

Signature of Borrower or Borrower's Representative Date

Printed Name of Borrower's Representative (if applicable) Relationship to Borrower

Address of Borrower's Representative (if applicable)

Section 3: Physician's Certification

The borrower identified on the reverse is applying for discharge of his/her Palmetto Assistance Loan(s) based on a total and permanent disability. You should complete and sign the certification below only if you are a doctor of medicine or osteopathy legally authorized to practice in a state (see Section 4), and if the borrower's condition meets the definition of total and permanent disability in Section 4. Provide all requested information and attach additional pages if necessary. Type or print in dark ink. Please return the completed form to the borrower or the borrower's representative. SC Student Loan, as the holder of the borrower's loans, may contact you for additional information or documentation.

1. Diagnosis/explanation of the borrower's present medical condition (state the borrower's condition and explain how it prevents the borrower from working and earning money in any capacity). Do not use abbreviations or insurance codes.

2. When did the borrower's medical condition begin? (MM-DD-YYYY) _____

3. Does this medical condition prevent the borrower from being able to work and earn money in any capacity?
 Yes No If yes, when did the borrower become unable to work and earn money in any capacity?
(MM-DD-YYYY) _____

I certify that, in my best professional judgment, the borrower identified on the reverse is under my care and being regularly treated for the condition noted above. I further certify, in my best professional judgment, that the borrower cannot reasonably be expected to recover from the disability that is expected to continue or result in death.

I am a doctor of (check one) Medicine Osteopathy
who is legally authorized to practice in the state of _____.

My professional license number is _____ . (Subject to verification through state records.)

Physician Original Signature (signature stamp not acceptable) _____

Date _____

Printed Name of Physician _____

Address, City, State and Zip _____

Telephone _____

Fax (optional) _____

Email address (optional) _____

Section 4: Definitions

If you have a **total and permanent disability**, this means that you have a disability resulting from sickness or injury which continuously disables you so that you can perform no duty pertaining to any gainful occupation for which you are reasonably suited by education, training or experience. Total and permanent disability requires that you be under the care of and regularly treated by a licensed physician, other than yourself, who shall certify that you cannot reasonably be expected to recover from the disability. It is further required that you shall have qualified for Social Security Disability Benefits. Also, you cannot be considered to have a total and permanent disability if your condition existed at the time your loan(s) were made, unless your condition has substantially deteriorated so that you are now totally and permanently disabled.

State includes the 50 United States, the District of Columbia, American Samoa, the Commonwealth of the Puerto Rico, Guam, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau.

Section 5: Where to Send Completed Discharge Application

SC Student Loan Corporation
PO Box 21337
Columbia, SC 29221

If you need help completing this form, call:
Local: (803) 798-0916
Toll Free: (800) 347-2752

FINANCIAL DISCLOSURE STATEMENT

Name: _____ SSN: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ Cell Phone Number: _____
 Marital Status: _____ Spouse's Name: _____
 Number of Dependent Children: _____ Children's Ages: _____
 Employment Status: Employed - Name of Employer _____ Unemployed

Your application must be filled out completely. Please return this financial statement along with verification of income and a copy of your last tax return. Your application will NOT be considered unless all requested documentation is submitted.

TOTAL FAMILY INCOME PER MONTH:

Take Home Income:

Borrower	_____
Spouse	_____
Alimony	_____
Child Support	_____
Boarders	_____
Other Income	_____

Total Income \$ _____

TOTAL EXPENSES PER MONTH:

Housing: (per month)

Rent / Mortgage	_____
Property Taxes	_____
Insurance	_____
Maintenance	_____
Electric/Natural Gas	_____
Water/Sewer	_____
Trash Removal	_____
Telephone	_____
Cell Phone(s)	_____
Total Housing	\$ _____

Food & Toiletries: (per month)

Food	_____
Lunches	_____
Hair Care	_____
Hygiene & Non-Food Items	_____
Total Food & Toiletries	\$ _____

Child Care: (per month)

Child Support	_____
Daycare	_____
After School Care	_____
School Lunches	_____
Sports	_____
Other	_____
Total Child Care	\$ _____

Transportation: (per month)

Public Transportation	_____
Car Payments	_____
Maintenance	_____
Gas & Oil	_____
Property Taxes	_____
Insurance	_____
Total Transportation	\$ _____

Miscellaneous: (per month)

Life Insurance Premiums	_____
Alimony	_____

Miscellaneous: (continued)

Tithes	_____
Allowances	_____
Charities	_____
Gifts	_____
Subscriptions	_____
Pet Care	_____
Other	_____
Total Miscellaneous	\$ _____

Medical: (monthly average)

Doctor Visits	_____
Dentist	_____
Prescriptions	_____
Other	_____
<i>Please include an explanation if medical expenses are more than 10% of total income</i>	
Total Medical	\$ _____

Debt Payments: (per month)

Student Loans	_____
Credit Cards	_____
Personal Loans	_____
Other Loans	_____
Total Debt Payments	\$ _____

Entertainment: (per month)

Dining Out / Movies	_____
Cable TV	_____
Internet	_____
Vacations	_____
Other Activities	_____
Total Entertainment	\$ _____

Investment Assets:

Stocks / Bonds	_____
Savings	_____
Mutual Funds	_____
Total Investment Assets	\$ _____

Total Expenses \$ _____

I / We certify that the information given herein, which the South Carolina Student Loan is authorized to verify, is true and correct to the best of my/our knowledge.

Borrower's Signature: _____ Date: _____
 Spouse's Signature: _____ Date: _____
 Cosigner's Signature: _____ Date: _____

Total Income	\$ _____
Less Total Expenses	\$ _____
= SURPLUS INCOME	\$ _____