

Future Scholar PalmettoBaby Grant Request Form

Please mail a fully completed and signed Future Scholar PalmettoBaby Grant Request Form and a copy of your child's South Carolina birth certificate to:

Office of State Treasurer
 Attn: Future Scholar
 1200 Senate Street, Suite 214
 Wade Hampton Office Building
 Columbia, SC 29201

**Submit request form
 by September 2, 2025**

How did you hear about the Future Scholar PalmettoBaby Program? Online Radio Your hospital

1. Account information

A. Account Owner (Parent or Legal Guardian)

Account Owner's Name	Account Owner's Social Security Number		
Joint Account Owner's Name (if applicable)	Joint Account Owner's Social Security Number (if applicable)		
Mailing Address	City	State	ZIP Code
Email Address	Daytime Phone	Evening Phone	
Future Scholar Account Number (required field)			

B. Beneficiary (Child)

Beneficiary's Name	Beneficiary's Social Security Number (if available; otherwise, please provide within six months)
Beneficiary's Date of Birth	

2. Signature

I am requesting a \$529 Future Scholar PalmettoBaby Program Grant to be contributed to the Future Scholar account that I have established for the child listed above (beneficiary) who was born in South Carolina on May 29, 2025. I understand only one grant is available per beneficiary.

- I certify that I am a legal resident of the state of South Carolina and the parent or legal guardian of the beneficiary.
- I attest that all information provided above is accurate, and I have read, understand and agree to the process, terms and conditions of the Future Scholar PalmettoBaby Program.
- I have enclosed a copy of the South Carolina birth certificate for the child (listed above) for whom I have established a Future Scholar 529 account (listed above).

Account Owner's Signature	Date of Request
Print Name	

3. Share

Show us your PalmettoBaby! Consider posting a photo of your PalmettoBaby on social media using #SCPalmettoBaby and #futurescholar (optional).