2012-2013 South Carolina Residency Form

The Palmetto Fellows, LIFE and HOPE Scholarship Programs and the SC Tuition Grant program require that recipients certify they are South Carolina Residents in order to receive the scholarship. The initial determination of the one’s resident status is made at the time of admission and the burden of proof is provided by the student applicant.

No person is eligible for in-state residency status unless he/she is domiciled within South Carolina for 12 consecutive months immediately preceding term enrollment or meets state requirements for residency.

STUDENT INFORMATION:

legal last name  legal first name  legal middle name (suffix—Jr, II, III, etc)

If you meet any of the following criteria skip question 1, and go directly question 2.
• 24 years old as of December 31, 2012
• married
• have a legal dependents that you provide over 50% of their support

1. Name of Parent, guardian, or person upon whom you are dependent: _________________________________

2. How long have your parent (dep)/you (ind) resided in South Carolina? ________ Years _________Months

3. Has this person been employed in South Carolina over the past 12 months?

☐ Yes
☐ No; if no, complete employer information below

Employer  City, State  Dates Employed  Full-time/Part-time

4. Please provide the following proof of residency documents with this form:

DEPENDENT STUDENT
☐ Copy of PARENT’S South Carolina Driver’s License that is at least a year old
☐ Copy of PARENT’S vehicle registration

INDEPENDENT STUDENT
☐ Copy of South Carolina Driver’s License that is at least a year old
☐ Copy of vehicle registration

5. SIGNATURES: Dependent students need student & parent/legal provider signatures. Independent students only need the student signatures.

_____________________________________________  ______________________________________________
Student ID Number  Students Name Printed

_____________________________________________  ______________________________________________
Parent/Legal Provider Name Printed  Students Signature

_____________________________________________  ______________________________________________
Parent/Legal Provider Signature  Date  Students Name Printed  Date

Any false information provided or any attempt to expend any scholarship funds for unlawful purposes or any purpose other than in payment or reimbursement for the cost of attendance at the institution authorized to award the scholarship and/or grant will cause for immediate cancellation. Any student who has obtained a scholarship through means of a willfully false statement or failure to reveal any material fact, condition, or circumstances affecting eligibility will be subject to applicable civil or criminal penalties, including retroactive loss of the scholarship and/or grant.