



How can we help?

Office of Financial Aid
503 South Broad Street
Clinton, SC 29325
864.833.8288 | finaid@presby.edu

2021-2022 South Carolina Residency Certification

While you may see the State Residency Requirement more than once, you only need to submit one copy. Please deliver completed forms in person, by mail or fax (864.833.8749) to the Office of Financial Aid.

Student Signature (Please Print) Student ID

The SC Tuition Grant, SC LIFE, Palmetto Fellows, and SC HOPE Scholarship Programs require that all recipients certify that they are South Carolina residents in order to receive the before-mentioned grants. The initial determination of one's resident status is made at the time of admission, and any determination made thereafter prevails for each subsequent semester until information becomes available that would affect the existing residency status and the determination is successfully challenged. The burden of proof is provided by the student.

- If you are a PC School of Pharmacy student, please answer the questions below about yourself.
If you are a student and included parental data on the FAFSA, please have the parent on the FAFSA complete this form.

The person answering the questions below needs to submit two of the following along with this form to verify SC residency:

- Copy of SC driver's license that is at least one year old or SC identification card
Copy of vehicle registration (any vehicle registered in another state voids the SC residency per SC Residency Regulations)
Documentation of 2020 property tax paid on the home address
Copy of 2020 state tax return, signed and dated - all pages
Statement of current full-time employment in SC from the employer on letterhead for the person listed below

1. Name Self Parent Guardian
Please circle relationship to student

2. Permanent Home Address (No P.O. Box) of the person named above.

Street Address City State Zip

3. Is the person named in #1 a U.S. Citizen? Yes No

\*If No, attach copies of official documentation verifying the permanent resident/immigration status.

4. How long has the person in question #1 resided in the South Carolina? Years Months (Use specific numbers)

5. Is the person named in #1 stationed in S.C. on active military duty? Yes No

If yes, what is the State of Legal Residence for the Person Named in #1?

I certify that all the information given is true and accurate. I understand that if I provide erroneous information in an attempt to qualify for financial assistance programs based on state residency, I must repay the State of South Carolina for funds fraudulently received and will be subject to applicable civil or criminal penalties. I also understand that I may be asked to provide additional information, documentation or clarification.

Student Signature (No electronic signatures accepted) Date

Signature of Person Named in #1 (if applicable) (No electronic signature accepted) Date