



Presbyterian College  
Office of Financial Aid

2018-2019  
South Carolina Residency Verification Form

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

(Please print)

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 impact the existing residency status and the determination is successfully challenged. The burden of proof is provided by the students.

**1. Who provided at least half of your support and claimed you as an exemption on the 2016 federal income tax return? If you claimed yourself, please list “self” and answer the remaining questions about yourself.**

\_\_\_\_\_  
Name Relationship

**2. Permanent Home Address (No P.O. Box) of the Person Named in #1.**

\_\_\_\_\_  
Street City State Zip

**\*PLEASE ANSWER ALL PARTS TO EACH QUESTION WITH ALL DATES PERTAINING TO THE PERSON STATED IN #1\***

**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. Has the Person Named in #1 lived in South Carolina continuously for the past twelve months?** Yes \_\_\_ No \_\_\_

If yes, when did your stay in South Carolina begin? (if born in SC, put date of birth) Month \_\_\_ Day \_\_\_ Year \_\_\_

**5. Does the Person Named in #1 have a valid SC driver’s license?** Yes \_\_\_ No \_\_\_

If yes, what is the date that the driver’s license was issued? Month \_\_\_ Day \_\_\_ Year \_\_\_

**6. Does the Person Named in #1 own a motor vehicle that is registered in SC?** Yes \_\_\_ No \_\_\_

If yes, what is the date that the registration was issued? Month \_\_\_ Day \_\_\_ Year \_\_\_

**7. Did the Person Named in #1 file a SC State tax return for 2016?** Yes \_\_\_ No \_\_\_

**8. 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 Date

\_\_\_\_\_  
Signature of Person Named in #1 (if applicable) Date