



Office of Financial Aid & Scholarships
 316 Boulevard
 Anderson, S.C. 29621
 Direct 864.231.7555
 Fax 864.540.8361
aid.andersonuniversity.edu
aid@andersonuniversity.edu

S.C. Residency Evaluation Form

The Palmetto Fellows Scholarship, LIFE Scholarship, HOPE Scholarship, and S.C. Tuition Grant programs require that all recipients certify that they are South Carolina residents to receive these funds. The student (or the person who provided at least half of the student's support or claimed the student as a federal tax exemption) must be a S.C. resident at the time of the student's high school graduation and at the time of enrollment at Anderson University. The burden of proof is on the student.

Name _____ ID or SSN _____

Address _____ City _____ State _____ Zip _____

- Who provides at least half of your support or claims you as an exemption on a federal income tax return? If you claimed yourself, please list "self" and answer the remaining questions about yourself.

Name	Relationship
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- Permanent Home Address (No P.O. Box) of the Person Named in #1.

Street	City	State	Zip
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- Is the Person Named in #1 a U.S. Citizen? Yes ___ No ___
 If No, attach a copy of official documentation verifying the permanent resident/immigration status of the Person Named in #1.
- Has the Person Named in #1 lived in South Carolina continuously for the past twelve months? Yes ___ No ___
- Please list the date the present stay in South Carolina began for the Person Named in #1 _____(mm/dd/yyyy)
- Does the Person Named in #1 have a valid driver's license? Yes ___ No ___
- If you answered Yes to #6, which State? _____ Issued Date _____
- How many motor vehicles are registered in the name of the Person Named in #1? _____
- For each motor vehicle counted in #8, list in which State it is registered: *(add additional lines if needed)*
 State _____ Original Date Issued _____
 State _____ Original Date Issued _____
 State _____ Original Date Issued _____
- Did the Person Named in #1 file a State tax return? Yes ___ No ___
- If Yes to # 10, for which State? _____ Status _____(Full Year, Part-Year or Non-Resident)
- Is the Person Named in #1 stationed in S.C. on active military duty? Yes ___ No ___
- If Yes to #12, 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.

 Signature of Applicant

 Date

 Signature of Person Named in #1 (if applicable)

 Date