2016-17 Furman University State Aid Residency Certification Form—Dependent Students

This form should be completed, signed, and returned to Furman University by NOVEMBER 8, 2016. Failure to return this form by NOVEMBER 8, 2016 will result in ineligibility for South Carolina state financial aid including the SC LIFE, SC Palmetto Fellows, SC HOPE, or SC Tuition Grant.

Determination of residency will be made in accordance with the state of South Carolina’s Statute for Tuition and Fees, Section 59-112-10 and all related guidelines and regulations presented by the Commission on Higher Education.

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

Full Name of student: _________________________________________
Name of parent(s) or legal guardian(s) of student: ______________________________________
How long have the parents or legal guardians been legal residents of South Carolina? _____________________
Have the parents or legal guardians been employed full-time in South Carolina over the past 12 months?
___Yes
___No (if you answer no, please complete the employer information section below)

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<th>Employer</th>
<th>City, State</th>
<th>Dates Employed</th>
<th>Full Time or Part Time?</th>
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Acceptable Documents for Proof of Residency

Per SC residency regulation, please submit all of the following items along with this form:

- Copy of Parent’s SC driver’s license
- Copy of Parent’s vehicle registration (Please note – any vehicle registered in other states void SC residency per SC Residency Regulations)
- Copy of Parent’s most recent SC state tax return
- Copy of Parent’s SC rental agreement if renting home OR
- Copy of Parent’s SC closing statement for home if own home OR
- Documentation of previous tax year’s property tax paid on home address

I understand that if I have obtained a scholarship through means of a willfully false statement or failure to reveal circumstances affecting eligibility, I am subject to applicable civil or criminal penalties including retroactive loss of the scholarship and/or grant. I understand that Furman University may find it necessary to request additional information to verify residency in compliance with regulations.

____________________  ______________________
Student Name (Print)   Date

____________________  ______________________
Student Signature   Student Social Security #

____________________  ______________________
Parent Name (Print)   Parent Signature