2017-18 Furman University State Aid Residency Certification Form- Independent Students

This form should be completed, signed, and returned to Furman University by NOVEMBER 6, 2017. Failure to return this form by NOVEMBER 6, 2017 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.

Name of student: _________________________________________

How long have you been a legal resident of South Carolina? _____________________

Have you 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)

<table>
<thead>
<tr>
<th>Employer</th>
<th>City, State</th>
<th>Dates Employed</th>
<th>Full Time or Part Time?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Acceptable Documents for Proof of Student Residency

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

- Copy of SC driver’s license
- Copy of vehicle registration *(Please note – any vehicle registered in other states void SC residency per SC Residency Regulations)*
- Copy of most recent SC state tax return
- Copy of SC rental agreement if renting home OR
- Copy of 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  Last 4 Digits of Student Social Security #