Wofford College
2017-2018 Independent Residency Form

Student Name (please print): ____________________________________________ W#: ______________________

The Legislative Incentives for Future Excellence (LIFE), Palmetto Fellows, HOPE Scholarship, and SC Tuition Grant 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.

No person is eligible for in-state residency status unless he/she is domiciled with South Carolina. A person does not acquire domicile in South Carolina until he/she has been a legal resident of the state for 12 consecutive months immediately preceding registration for classes or meets state requirements for domicile.

How long have you resided in South Carolina? _____ Years _____ Months

Have you been employed in South Carolina over the past 12 months?

☐ Yes. If you answered “Yes”, you do not need to provide employment information below.
☐ No. If no, complete employer information below.

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

Please select two from the following list and submit along with this form:

☐ Copy of the previous year’s South Carolina state tax return
☐ Copy of South Carolina driver’s license that is at least one year old
☐ Copy of vehicle registration or paid property tax bill
☐ Statement of full-time employment giving dates of employment (not a pay stub)
☐ Active Duty Military record designating South Carolina as the state assignment
☐ South Carolina identification card

Any false information provided by the student or any attempt to expend any scholarship funds for unlawful purposes or any purpose other than in payment or reimbursement for the cost of attendance at the institution authorized to award the scholarship and/or grant will be cause for immediate cancellation. Any student who has obtained a scholarship through means of a willfully false statement or failure to reveal any material fact, condition, or circumstances affecting eligibility will be subject to applicable civil or criminal penalties, including retroactive loss of the scholarship and/or grant. I understand that the College may find it necessary to request additional information to verify residency in compliance with the regulations regarding the awarding of the LIFE or HOPE Scholarship.

Student Signature: ________________________________________ Date: _______________________

Please return to: Office of Financial Aid
finaid@wofford.edu
(864) 597-4149 (Fax)