



**OFFICE OF FINANCIAL AID
2022-23 DEPENDENT RESIDENCY FORM**

The Legislative Incentives for Future Excellence (LIFE), Palmetto Fellows, HOPE Scholarship and S.C. 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 or she is domiciled with South Carolina. A person does not acquire domicile in South Carolina until he or she has been a legal resident of the state for 12 consecutive months immediately preceding registration for classes or meets state requirements for domicile.

Name of parent, guardian or person upon whom you are dependent: _____

How long has this person resided in South Carolina? _____ Years _____ Months

Has this person been employed in South Carolina over the past 12 months?

If YES, you do not need to provide employment information below.

If NO, complete employer information below.

EMPLOYER	CITY/STATE	DATES EMPLOYED	FULL TIME/PART TIME

Acceptable documents for proof of residency for the parent, guardian or person upon whom you are dependent (not the student).

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 **has not been issued or renewed within the past twelve months**.
- 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 S.C. Tuition Grant and/or LIFE, HOPE or Palmetto Fellows Scholarship.

Student Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Electronic signatures are not acceptable.

**We cannot accept emailed or faxed documents because of privacy and security concerns.
Please use one of the following methods to submit your documentation.**

SECURE UPLOAD

<https://forms.wofford.edu>
(Requires student log-in to myWofford.)

MAIL

Office of Financial Aid
Wofford College
429 N. Church Street
Spartanburg, S.C. 29303

IN PERSON

Hugh S. Black Admin Bldg.
2nd floor above Admission