



NORTH GREENVILLE UNIVERSITY
Christ Makes the Difference

SOUTH CAROLINA RESIDENCY EVALUATION FORM

The Palmetto Fellows, LIFE Scholarship, HOPE Scholarship, and S.C. Tuition Grant programs require that all recipients verify their South Carolina residency status. Please complete the following form **and** submit all required supporting documentation as promptly as possible. Failure to adequately prove your SC residency status will result in the cancellation of your state scholarships. For more information about South Carolina’s residency requirements, please visit www.che.sc.gov.

Student’s Name _____ NGU ID or Last 4 Digits of SSN _____

Address _____ City _____ State _____ Zip _____

- 1. Who provides more than half of your support and claims you as an exemption on a federal income tax return? (If you provide more than half of your own financial support **and** you claim yourself on your federal taxes, please list your own name, write “self” for relationship, and answer the remaining questions about yourself.)

Name Relationship

- 2. What is the permanent home address (No P.O. Box) of the person named in #1?

Street City State Zip

- 3. Is the person named in #1 a U.S. Citizen? Yes _____ No _____
 - If the answer is no, please attach a copy of official documentation that verifies the permanent resident / immigration status of the person named in #1.
- 4. Has the person named in #1 lived in South Carolina continuously for the past twelve months? Yes _____ No _____
 - If yes, please list the date that the person named in #1 moved to South Carolina (if the person named in #1 has lived in SC for his/her entire life, enter the date of birth for the person listed in #1): _____ / _____ / _____

MM DD YYYY

At least two (2) of the following documents (one document from two separate categories) **MUST** be submitted with this residency evaluation form. Please indicate which two forms you’re providing by checking two or more of the boxes below:

- A statement of full-time employment (on letterhead, signed by the employer) for the person listed in #1 (include dates);
- For military personnel only, a *Leave and Earning Statement* that lists SC as the state of legal residence for the person listed in #1;
- A copy of the SC driver’s license or State ID for the person listed in #1 (the issue date should be at least 1 year old);
- A copy of a valid SC vehicle registration for every vehicle owned by the person listed in #1 (provide ALL registrations); *
- A copy of the most recent SC State Tax Return (SC1040) for the person listed in #1 (federal taxes cannot be accepted);
- Proof of maintenance of an established and current domicile in South Carolina for the person listed in #1 (ex: lease agreement);
- Proof of ownership of a principal residence in South Carolina for the person listed in #1 (ex: paid property tax bill);

- ❑ A copy of the SC state professional license required for the profession of the person listed 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.

Signature of Student

Date

Signature of Person in #1 (if someone other than the student)

Date

* If you choose to submit vehicle registration(s), please list the number of vehicles owned by the person listed in #1: _____

SUBMISSION INSTRUCTIONS

1. Save file to your computer as lastnameFirstname__ (DO NOT open and complete in browser).
2. Open the downloaded form in Adobe Reader by right clicking on the form and selecting 'Open with...'
3. Complete all fields and obtain all required signatures.
4. Return completed form to finaid@ngu.edu as an attachment.