



The **Palmetto Fellows Scholarship**, **LIFE Scholarship**, **HOPE Scholarship**, and **S.C. Tuition Grant** programs require that all recipients certify that they are South Carolina residents to receive these funds. The student (or the person who provided at least half of the student's support or claimed the student as a federal tax exemption) must be a S.C. resident at the time of the student's high school graduation and at the time of enrollment at Anderson University. The burden of proof is on the student.

Name \_\_\_\_\_ ID or SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Who provides at least half of your support or claims you as an exemption on a federal income tax return? If you claimed yourself, please list "self" and answer the remaining questions about yourself.

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship

2. 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

NOTE: If **No**, attach a copy of official documentation verifying the permanent resident/immigration status.

4. Has the Person Named in #1 lived in South Carolina **continuously for the past twelve months**? ☐ Yes ☐ No

5. Please list when the **present stay** in South Carolina began for the Person Named in #1: \_\_\_\_\_ (mm/dd/yyyy)

NOTE: If the Person Named in #1 has lived in South Carolina since they were born, please list their birth date.

6. Does the Person Named in #1 have a **valid driver's license**? ☐ Yes ☐ No

7. If you answered **Yes** to #6, **which State**? \_\_\_\_\_ **License Issued Date** \_\_\_\_\_

8. How many **motor vehicles are registered** in the name of the Person Named in #1? \_\_\_\_\_

9. For each motor vehicle counted in #8, list in which State it is registered: (add additional lines if needed)

|             |                            |
|-------------|----------------------------|
| State _____ | Original Date Issued _____ |
| State _____ | Original Date Issued _____ |
| State _____ | Original Date Issued _____ |

10. Did the Person Named in #1 file a State tax return? ☐ Yes ☐ No

11. If **Yes** to #10, for which State? \_\_\_\_\_ **Tax Return Status:** ☐ Full Year ☐ Part Year ☐ Non-Resident

12. Is the Person Named in #1 stationed in S.C. on active military duty? ☐ Yes ☐ No

13. If **Yes** to #12, what is the State of Legal Residence for the Person Named 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. I also understand that I may be asked to provide additional information, documentation or clarification.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Named in #1 (if applicable)

\_\_\_\_\_  
Date