



Financial Planning Office  
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**S.C. Residency Evaluation Form  
 2018-2019**

The Palmetto Fellows, 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 and 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 Converse College. The burden of proof is on the student.

Name \_\_\_\_\_ Converse ID: \_\_\_\_\_

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

- Who provided at least half of your support and claimed you as an exemption on the 2016 federal income tax return? If you claimed yourself, please list "self" and answer the remaining questions about yourself.

Name	Relationship
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- Permanent Home Address (No P.O. Box) of the Person Named in #1.

Street	City	State	Zip
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- Is the Person Named in #1 a U.S. Citizen? Yes \_\_\_ No \_\_\_  
 If No, attach a copy of official documentation verifying the permanent resident/immigration status of the Person Named in #1.
- Has the Person Named in #1 lived in South Carolina continuously for the past twelve months? Yes \_\_\_ No \_\_\_  
 Please list the date your present stay in South Carolina began \_\_\_\_\_ (mm/dd/yyyy)
- Does the Person Named in #1 have a valid driver's license? Yes \_\_\_ No \_\_\_  
 If Yes, from what State? \_\_\_\_\_ Date Issued \_\_\_\_\_
- Does the Person Named in #1 own a motor vehicle? Yes \_\_\_ No \_\_\_  
 If Yes, registered in what State? \_\_\_\_\_ Date Issued \_\_\_\_\_
- Did the Person Named in #1 file a State tax return for 2017? Yes \_\_\_ No \_\_\_  
 If Yes, for what State? \_\_\_\_\_ Status \_\_\_\_\_ (Full Year, Part-Year or Non-Resident)
- Is the Person Named in #1 stationed in S.C. on active military duty? Yes \_\_\_ No \_\_\_  
 If Yes, 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