



Financial Planning Office
 580 East Main Street
 Spartanburg, S.C. 29302-1931
direct 864.596.9019
fax 864.596.9749
www.converse.edu
 Financial.Planning@converse.edu

**S.C. Residency Evaluation Form
 2019-2020**

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.

No person is eligible for in-state residency status unless he/she is domiciled within South Carolina for 12 consecutive months immediately preceding term enrollment or meets state requirements for residency.

Name _____ Converse ID: _____

Address _____ City _____ State _____ Zip _____

1. Please list the name of your parent, legal guardian, or custodial parent:

Name	Relationship

2. How long has the person named in #1 been a resident of SC? _____ Years _____ Months

3. Has the person listed named #1 been employed full-time in SC over the past 12 months?

_____ Yes _____ No (if no, complete the employer information section below)

Employer	City, State	Dates Employed	Full Time/Part Time

4. Please provide legible copies of the following acceptable documents for proof of parental SC residency (Residency Evaluation Forms submitted **without all of the documentation listed below** will be returned to the student unprocessed).

- a. Copy of **SC Driver's license** for the person named in #1
- b. Copy of **SC Vehicle Registration** for the person named in #1
- c. Copy of **the most recent South Carolina State Tax Return** for the person named in #1

- **Please note:** Because these items contain sensitive personal information, we will not accept them via fax or unsecured email. You must either send the documents via **postal mail** or bring them to our office **in-person**. **Information received by unsecured means will immediately be shredded unprocessed.**

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 aforementioned Scholarship(s).

 Signature of Student

 Date

 Signature of Person Named in #1 (if applicable)

 Date

 Social Security Number of the Person Name in #1
LIST THE LAST FOUR DIGITS ONLY