

Signature of Person Named in #1 (if applicable)

Mail this completed form to:

Student Financial Services 580 East Main Street Spartanburg, SC 29302 864-596-9019 financialaid@converse.edu

2023-2024 S.C. Residency Evaluation Form

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 University. 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:			
Ac	ldress	Ci	ty	State	Zip
1.	Please list the name of your parent, legal guardian, or custodial parent:				
	Name		Relationship		
2.	How long has the person	n named in #1 been a resider	nt of SC? Years	\$	Months
3.	Has the person listed named #1 been employed full-time in SC over the past 12 months?				
	YesNo (if no, complete the employer information section below				
E	mployer	City, State	Dates Employed	Full Tim	e/Part Time
 4. Please provide legible copies of at least two of the following acceptable documents for proof of parental SC residency (Residency Evaluation Forms submitted without proper documentation listed below will be return to the student unprocessed). a. Copy of the 2022 South Carolina State Tax Return for the person named in #1 b. Copy of SC Driver's license or valid SC State ID for the person named in #1 c. Copy of Personal Property Tax Records for 2022 either home, auto or other d. Verification of employment in SC, if employed full time for at least one year 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 be shredded. 					
affecting Universit	eligibility will be subject to appl	ip through means of a willfully false icable civil or criminal penalties, inc st additional information to verify re	eluding retroactive loss of the schol-	arship and/or grant	. I understand that the
Signat	ure of Student		Date		

Date