



Office of Student Financial Aid

400 Magnolia Street
Orangeburg, SC 29115
Telephone: (803) 535-5334
Fax: (803) 535-5383

2022-2023 Residency Form

The initial determination of the one's resident status is made at that time of admission and the burden of proof is provided by the student applicant.

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. **This form is required by all students of Clafflin University, whether or not you are a resident of South Carolina or of another state.**

STUDENT INFORMATION:

Legal last name Legal first name Legal middle name (suffix-Jr, II, III, etc.)

If you meet any of the following criteria(s) skip question no.# 1 and go directly to question no.# 2:

24 years old as of December 2022 legal guardianship married veteran

Have a legal dependent that you provide over 50% of their support

1. Name of your parent or person upon whom you are their dependent: _____

2. How long has the above person in question no.# 1 resided in _____ (name of state) _____ Years _____ Months

3. Has the person in question no.# 1, been employed in South Carolina over the past 12 months?

- Yes
 No (if no, please enter below employer information):



Employer's Name	City, State	Dates Employed	Full-time/Part-time work status

Not Employed (if person in question no.# 1 is currently not employed)

4. Please provide the following proof of residency documents with this form:

DEPENDENT STUDENTS	INDEPENDENT STUDENTS
<input type="checkbox"/> Copy of PARENT'S driver's license that is at least a year old or	<input type="checkbox"/> Copy of STUDENT'S driver's license that is at least a year old or
<input type="checkbox"/> Copy of PARENT'S vehicle registration	<input type="checkbox"/> Copy of STUDENT'S vehicle registration

5. **SIGNATURES:** Dependent students need student & parent/legal provider signatures. Independent students only need the student signatures.

Parent/Legal Provider Name Printed	Student ID Number
Parent/Legal Provider Signature	Students Name Printed
Date	Students Signature
	Date

Any false information provided or any attempt to expend any scholarship funds for unlawful purpose other than in payment or reimbursement for the cost of attendance at the institution authorized to award the scholarship and/or grant will cause for immediate cancellation. Any student who has obtained a scholarship through means of willfully false statement or failure to reveal any material! Fact, condition, or circumstance affecting eligibility will be subject to applicable civil or criminal penalties, including retroactive loss of the scholarship and/or grant.