

## Office of Student Financial Aid

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

## 2021-2022 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 Claffin University, whether or not you are a resident of South Carolina or of another state.

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Legal last name Legal firs		rst name	Legal middle name		(suffix-Jr, II, III, etc.)	
you meet any of the follow	ving criteria(s) skip qu	iestion no.# 1 a	nd go directly to	question no.# 2:		
24	years old as of Decem	ber <b>2021</b>	legal guardians	hip married	veteran	
	Have a legal	dependent that	you provide ove	r 50% of their support		
Name of your parent or	person upon whom	you are their d	lependent:			
How long has the above per	son in question no.# 1 re	sided in	(name of state)	Years Mon	ths	_
Has the person in question						
Yes	<b>11 110.</b> 17 00011 employ	od in Sodin C		pust 12 months:		
	se enter below emplo	ver informa	tion):			
•	_			D . T . 1	F 11 (* /P )	
Employe	er's Name	City,	State	Dates Employed	Full-time/Part-ti	me work stati
Not Employed (	if person in question 1	no.# 1 is curren	tly not employe	d)		
Please provide the followir	g proof of residency d	ocuments with	this form:			
DEPENDENT STUDENTS			INDEPENDENT STUDENTS			
Copy of PARENT'S driver's license		Copy of <b>STUDENT'S</b> driver's licens		ense		
that is at least a year old <b>or</b>		that is at least a year old or				
Copy of <b>PARENT'S</b> vehicle registration		Copy of S	TUDENT'S vehicle reg	istration		
5. <b>SIGNATURES</b> : Depe student signatures.	ndent students need st	udent & parent	/legal provider	signatures. Independent	students only need	the
				) Number		
Parent/Legal Provider Name Printed		_		Students Name Printed		
Parent/Legal Provider Signature Date				Students Sign	lents 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 though 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.