

OFFICE OF FINANCIAL AID 2024-25 INDEPENDENT RESIDENCY FORM

The Legislative Incentives for Future Excellence (LIFE), Palmetto Fellows, HOPE Scholarship and S.C. Tuition Grant programs require that all recipients certify that they are South Carolina residents in order to receive the before-mentioned grants. The initial determination of one's resident status is made at the time of admission, and any determination made thereafter prevails for each subsequent semester until information becomes available that would impact the existing residency status and the determination is successfully challenged. The burden of proof is provided by the students.

No person is eligible for in-state residency status unless he or she is domiciled with South Carolina. A person does not acquire domicile in South Carolina until he or she has been a legal resident of the state for 12 consecutive months immediately preceding registration for classes or meets state requirements for domicile

preceding registration for classes or meets state requirements for domicile.			
Name of parent, guardian or person up	on whom you are dependent:		
How long has this person resided in So	uth Carolina? Years Mo	nths	
Has this person been employed in Sout	h Carolina over the past 12 months?		
If YES, you do not need to provide	employment information below.		
If NO, complete employer informati	ion below.		
EMPLOYER	CITY/STATE	DATES EMPLOYED	FULL TIME/PART TIME
Please select TWO from the following • Statement of full-time employm • Designating South Carolina as si • Possession of a valid South Carolina to obtain this within 90 days of beginning date of residency eligically eligibles. • Possession of a valid South Carolina establishment of the intent to be eligibility • Maintenance of domicile in South Carolina from the date South Carolina from the date South Carolina from the date South Carolina income the Carolina from the date South Carolina from the date South Carolina from the date South Carolina income the Carolina from the date South C	ent tate of legal residence on military reco olina driver's license, or if a non-driver, the establishment of the intent to bec pibility lina vehicle registration card. Failure to ecome a South Carolina resident will de th Carolina exes as a resident during the past tax ye arolina domicile was claimed e in South Carolina fice (if applicable) in South Carolina ent or any attempt to expend any scholarship est of attendance at the institution authorized	rd a South Carolina Ide ome a South Carolina obtain this within 45 celay the beginning da ear, including income e funds for unlawful purp to award the scholarship	a resident will delay the days of the te of residence earned outside of South oses or any purpose other and/or grant will be cause
material fact, condition or circumstances affe of the scholarship and/or grant. I understanc compliance with the regulations regarding th	ecting eligibility will be subject to applicable If that the college may find it necessary to re	civil or criminal penalties equest additional informa	, including retroactive loss ation to verify residency in
Student Signature:		Date:	
Parent/Legal Guardian Signature:		Date:	

Electronic signatures are not acceptable.

STUDENT'S NAME WOFFORD ID:

We cannot accept emailed or faxed documents because of privacy and security concerns.

Please use one of the following methods to submit your documentation.

SECURE UPLOAD

https://forms.wofford.edu (Requires student log-in to myWofford.)

MAIL

Office of Financial Aid Wofford College 429 N. Church Street Spartanburg, S.C. 29303

IN PERSON

Hugh S. Black Admin Bldg. 2nd floor above Admission