CLAFLIN UNIVERSITY

2026-2027 South Carolina Residency Evaluation Form
South Carolina Tuition Grants Program

Student Name: _____ Student SSN *(last 4 digits)*: XXX-XX- _____ Student ID: _____

The South Carolina Tuition Grants Program requires all recipients to 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 or claimed the student as a federal tax exemption or dependent) must be a South Carolina resident for a period of at least 12 months prior to the start of the term of enrollment. No person is eligible for in-state residency status unless he/she is domiciled within South Carolina for 12 consecutive months immediately preceding the term of enrollment or meets a residency exemption under state law. The burden of proof is on the student. **This completed form, and all required documents, must be submitted to the financial aid office for review.**

1. Who provides at least half of your financial support or claims you as an exemption on a federal income tax return? If you claimed yourself, please list "self" and answer the remaining questions about yourself.

   _____ _____
   Name Relationship to Student

2. Permanent Physical Home Address (No P.O. Box) of the Person Named in #1.

   _____
   Street City State Zip

3. How long has the person named in #1 been a resident of South Carolina? _____ Years _____ Months

4. Please provide legible copies of **all four** of the following documents for proof of South Carolina Residency for the person named in #1:

   a. Proof of an established and primary domicile in South Carolina (e.g., Mortgage Statements, Lease Agreement, etc.); and,
   b. Copy of the South Carolina Driver's License, or if a non-driver, a South Carolina identification card, issued within the 45-day requirement as mandated by State law; and,
   c. Copy of the South Carolina Vehicle Registration Card for at least **one** vehicle owned or co-owned, issued within the 45-day requirement as mandated by State Law, or if no vehicle is owned or co-owned, a signed statement declaring no vehicle is owned and registered in any state; and,
   d. Copy of the 2025 South Carolina State Income Tax Return.

I certify that all the information given is true and accurate. I understand that if I provide erroneous information in an attempt to qualify for financial assistance programs based on State residency, I must repay the State of South Carolina for funds fraudulently received and will be subject to applicable civil or criminal penalties. I also understand that I may be asked to provide additional information, documentation or clarification.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Person Named in #1 (if applicable) Date