

**Southern Wesleyan University  
2026-2027 South Carolina Residency Evaluation Form  
SC Tuition Grants and SC Scholarship Programs**

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Student Name: \_\_\_\_\_ Student SSN: XXX-XX-\_\_\_\_\_ Student ID: \_\_\_\_\_

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The SC Tuition Grant, SC Life, SC Palmetto Fellows, and SC HOPE Scholarship Programs require all recipients to certify their residency in South Carolina 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 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 complete 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:

- Proof of an established and primary domicile in South Carolina (e.g., Mortgage Statements, Lease Agreement, etc.); and,
- 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,
- Copy of the South Carolina Vehicle Registration Card(s) for every 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,
- Copy of the 2025 South Carolina State Income Tax Return.

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*I certify that all the information provided is true and accurate. I understand that if I provide false information to qualify for state-residency-based financial assistance programs, I will be required to repay the State of South Carolina for any funds received fraudulently and may face civil or criminal penalties. Additionally, I acknowledge that I may be asked to provide further information, documentation, or clarification if needed.*

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Person Named in #1 (if applicable)

\_\_\_\_\_

Date