



Columbia College

2020-2021 Dependent Residency Form

Student Name (please print): _____ **CCID#**: _____

The LIFE, Palmetto Fellows, and HOPE Scholarship 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/she is domiciled within South Carolina. A person does not acquire domicile in South Carolina until he/she has been a legal resident of the state for 12 consecutive months immediately preceding registration for classes or meets state requirements for domicile.

Name of your parent, guardian, or person upon whom you are dependent: _____

How long has this person resided in South Carolina? _____ Years _____ Months

Has this person been employed in South Carolina over the past 12 months?

- Yes. If you answered "Yes", you do **not** need to provide employment information below.
- No. If no, complete employer information below.

Employer	City, State	Dates Employed	Full Time/Part Time

Please submit the following items along with this form:

- Copy of **Parent's** 2019 South Carolina state tax return
- Copy of **Parent's** SC driver's license
- Copy of **Parent's** vehicle registration

Any false information provided by the student or any attempt to expend any scholarship funds for unlawful purposes or any purpose other than in payment or reimbursement for the cost of attendance at the institution authorized to award the scholarship and/or grant will be cause for immediate cancellation. Any student who has obtained a scholarship through means of a willfully false statement or failure to reveal any material fact, condition, or circumstances affecting eligibility will be subject to applicable civil or criminal penalties, including retroactive loss of the scholarship and/or grant. I understand that the College may find it necessary to request additional information to verify residency in compliance with the regulations regarding the awarding of the LIFE or HOPE Scholarship.

Student Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____