



C O K E R C O L L E G E

SOUTH CAROLINA PARENT RESIDENCY CERTIFICATION

The Legislative Incentives for Future Excellence (LIFE), Palmetto Fellows Program, and South Carolina Tuition Grants 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.

By my signature below, I certify that I have been a legal resident of South Carolina for the last twelve months prior to the date that classes begin for the semester for which resident status is requested while a parent or guardian of a student who is a legal resident of the state of South Carolina. I testify that all prior domiciles in other states have been abandoned, and there is only one legal domicile. If incorrect information is provided, from false or concealed facts, such persons may be charged out-of-state rates and will lose their grant eligibilities. Also may be charged administrative, civil, and financial penalties. I also understand that I will report absences from the state which may affect the establishment of permanent residence for grants.

For purposes of declaring South Carolina residency, please check all that apply, and provide four of the following items as proof to the financial aid office.

- Employed full time;
- Possession of a valid South Carolina voter registration card;
- Designating South Carolina as state of legal residence on military record;
- Possession of a valid South Carolina driver’s license
- Possession of a valid South Carolina vehicle registration card;
- Maintenance of domicile in South Carolina;
- Pay South Carolina income taxes as a resident during the past tax year;
- Ownership of principle residence in South Carolina; and
- Licensing for professional practice (if applicable) in South Carolina.

Student Name: _____

Student Social Security Number: _____

Parent Name: _____

Parent Signature: _____

Date: _____