



**STATE RESIDENCY CERTIFICATION
FORM FOR LIFE SCHOLARSHIP**

Residency Officer
P.O. Box 1467
Greenwood, SC 29648-1467

TIME IN QUESTION: _____

1. Name of Applicant: _____
(Last Name) (First Name) (MI)

2. Social Security # : _____ Telephone: _____
(Home) (Work)

3. How long have you been a legal resident of South Carolina? _____ From (month/year) _____
To (month/year) _____.

4. Have you ever been considered a resident of another state for any reason since you have been a legal
resident of South Carolina? Yes _____ No _____ If so, gives dates you were considered a resident of
another state: From (month/year) _____ To (month/year) _____.

5. Please provide addresses that you have physically resided for the time in question.

From – To (month/year) Address County City/State/Zip Code

6. Name of person who claimed you as a dependent or exemption on their federal income tax return (or had
Legal custody of you) for the time in question: _____
Relationship: _____

7. How long has person named in Item #6 been a legal resident of South Carolina?
_____ years From (mo/yr) _____ To (mo/yr) _____

8. Addresses where person named in Item #6 physically resided for the time in question:

From (mo/yr) – To (mo/yr) Address County City/State/Zip

9. Employment of person named in Item #6 for the time in question.

From (mo/yr) – To (mo/yr)	Employer	City/State/Zip	Full time or Part-time
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PROOF OF RESIDENCY REQUIREMENTS

All items requested must show dates for the time in question.

1. Official driving record.
2. Letter from high school attended on official letter head stating dates of attendance and address of applicant.
3. Official high school transcript.

CERTIFICATION OF APPLICANT: I certify that all the information given is true and accurate.

Signature of Applicant

Date

Approved ____

Not Approved ____

Signature of Piedmont Technical College Official

Date