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Office of Student Financial Aid

2025-2026 Residency Form

The initial determination of one's resident status is made at the time of admission and the burden of proof is provided by the student applicant.

No person is eligible for in-state residency status unless he/she is domiciled within South Carolina for 12 consecutive months immediately preceding term enrollment or meets state requirements for residency.

STUDENT INFORMATION:

_____ Legal last name _____ Legal first name _____ Legal middle name _____ (suffix-Jr, II, III, etc)

If you meet any of the following criteria skip question 1, and go directly to question 2

_____ 24 years old as of December 2025 Married ___Veteran ___Have a legal dependent that you provide over 50% of their support

1. Name of Parent guardian, or person upon whom you are dependent: _____

2. How long have resided in _____(name of State) _____ Years ___Months
Has this person been employed in South Carolina over the past 12 months?

- Yes
 Not Employed
 No; if not employed in South Carolina, complete eemployer_ information below

| Employer | City, State | Dates Employed | Full-time/Part-time |
|----------|-------------|----------------|---------------------|
| | | | |
| | | | |
| | | | |

3. Please provide the following proof of residency documents with this form:

| DEPENDENT STUDENTS | | INDEPENDENT STUDENTS | |
|--------------------|-------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------|
| | Copy of PARENT'S Driver's license that is at least a year old or | | Copy of STUDENT'S Driver's license that is at least a year old or |
| | Copy of PARENT'S vehicle registration or Tax document or other state verifiable document | | Copy of STUDENT'S vehicle registration or Tax document or other state verifiable document |

4. **SIGNATURES:** Dependent students need student & parent/legal provider signatures. Independent students only need the Student signature.

_____ Parent/Legal Provider Name Printed _____ Students Name Printed _____ ID#

Any false information provided or any attempt to expend any scholarship funds for unlawful 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 willfully filing a false statement or failure to reveal any material! Fact, condition, or circumstance affecting eligibility will be subject to applicable civil or criminal penalties, including retroactive loss of the scholarship and/or grant.

Parent/Legal Provider Signature

Date

Students Signature

Date

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