

Affidavit of Eligibility/Disclosure

2026-2027



FINANCIAL AID
BOB JONES UNIVERSITY

- As a LIFE, HOPE, Palmetto Fellows, South Carolina Tuition Grant, and/or SC National Guard College Assistance Program recipient at Bob Jones University for the 2026–2027 academic year, I certify that I have not been convicted of any felonies. Further, I certify that I have not been convicted of a second or subsequent alcohol- or drug-related misdemeanor offense during the preceding calendar year defined as 12 months from the date of the start of school for the period of this award. If I am an adjudicated delinquent or am convicted or plead guilty or nolo contendere to any felonies or any alcohol-related misdemeanor offenses under the laws of this or any other state, I agree to notify the Financial Aid office should this status change by the start of school. I hereby give permission for a background check to be conducted to verify the above. I understand additional information may be requested after the background check has been conducted.
- I also affirm that I am presently not in default on any Federal or State student loans nor do I owe any refunds to any federal or state financial aid programs.
- For purposes of determining my LIFE Scholarship grade point average (GPA), I certify that I have submitted previous and current official transcript(s) for all institutions I have ever attended. I also affirm that if I take courses after signing this document, I will submit any additional transcripts to my home institution. I understand that this information will be used to determine my LIFE Scholarship GPA and will not necessarily be used for my academic standing or for graduation purposes.

I, the undersigned student, do swear or affirm that the three statements above are true and accurate. I understand that any false statement or failure to reveal any material fact, condition or circumstances affecting eligibility will be subject to applicable civil or criminal penalties, including loss of scholarship.

Signature (please use ink, electronic signatures not accepted)

Date

Print name (as signed above)

NOTE: *First-time new and transfer recipients as well as recipients who ceased continuous enrollment need to complete the accompanying South Carolina Residency Evaluation Form and provide all four documents of South Carolina residency.*

South Carolina Residency Evaluation Form

2026-2027



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Student Name: _____ Student SSN (last 4 digits): XXX-XX- _____ Student ID: _____

As a recipient of LIFE, HOPE, Palmetto Fellows, and/or South Carolina Tuition Grant, state regulatory statute requires all recipients to certify that they are South Carolina residents 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 the term 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 completed 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.

I certify that all the information given is true and accurate. I understand that if I provide erroneous information in an attempt to qualify for financial assistance programs based on State residency, I must repay the State of South Carolina for funds fraudulently received and will be subject to applicable civil or criminal penalties. I also understand that I may be asked to provide additional information, documentation or clarification.

Signature of Applicant (please use ink, electronic signature note accepted)

Date

Signature of Person Named in #1 (if applicable; please use ink, electronic signature not accepted)

Date