

**NORTH CAROLINA RESIDENCE APPLICATION  
FOR STUDENTS APPLYING TO OUT-OF-STATE INSTITUTIONS FOR FUNDING THROUGH THE OPTOMETRY  
SCHOLARSHIP LOAN (OSL) PROGRAM**

Application Relating to Claimed North Carolina Residence for Tuition Purposes. (Required of all applicants who claim to be North Carolina legal residents for tuition purposes. You will be notified if additional information is required in order to determine a classification.)

North Carolina law (G.S. 116-143.1) requires that "To qualify as a resident for tuition purposes, a person must have established legal residence (domicile) in North Carolina and maintained that legal residence for at least 12 months immediately prior to his or her classification as a resident for tuition purposes." If you claim North Carolina residency for tuition purposes, complete this form and return to: **Mr. Robbie Schultz, NC State Education Assistance Authority, PO Box 13663, Research Triangle Park, NC 27709-3663**. This information is to be used only in connection with determination of your residency status for tuition purposes.

North Carolina provides certain tuition benefits for spouses of North Carolina residents. If you believe you may qualify for these benefits, please request the **Spousal Information Form Relating to Claimed North Carolina Residence for Tuition Purposes (SIF)**. Complete and return the SIF AND the Residence Status Application to the address shown on the form's instruction sheet. SIF may be obtained from Robbie Schultz at above address.

All North Carolina Residents **MUST** fill out both sides of this application. You must answer all questions on this form – for any inapplicable question, write N/A. Omitted information will delay notification, and signatures are required.

**Please print or type your responses.**

1. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_
  2. Full Name (*Please print*): \_\_\_\_\_  

<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Suffix (Jr., Sr., etc)</b>
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  3. Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_ Citizenship \_\_\_\_\_
  4. Current Address Information:  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 I will live here until \_\_\_\_\_
  5. Father's Name: \_\_\_\_\_ Living \_\_\_ Deceased \_\_\_
  6. Mother's Name: \_\_\_\_\_ Living \_\_\_ Deceased \_\_\_
  7. If your parents are divorced, in whose custody are/were you? \_\_\_\_\_ Date of divorce: \_\_\_\_\_
  8. Name of court-appointed legal guardian (if applicable) \_\_\_\_\_  
 If you have a court-appointed legal guardian, where is that person's domicile (permanent residence)?  
 City \_\_\_\_\_ State \_\_\_\_\_  
 and when was the appointment made? Month \_\_\_\_\_ Year \_\_\_\_\_
  9. Have you, or either of your parents, been in active military service within the past two years?  
 Yes \_\_\_ No \_\_\_
  10. Check each of the following you have ever done outside North Carolina:  
 Attended post-secondary school \_\_\_\_\_ Worked \_\_\_\_\_ Which State? \_\_\_\_\_
  11. Secondary (high or preparatory) schools you attended in sequence:  

School Name	Address	Dates Attended	
a) _____	_____	From _____	To _____
b) _____	_____	From _____	To _____
  12. Colleges you attended in sequence (list most recent first):  

College or University	Address	Dates Attended	
a) _____	_____	From _____	To _____
b) _____	_____	From _____	To _____
- Have you applied, at any time, to any North Carolina university/college admissions office and been classified for tuition purposes? Yes \_\_\_ No \_\_\_ If "Yes," list each such campus and the term for which you most recently applied.  
 Campus: \_\_\_\_\_ Term: \_\_\_\_\_ Classification given: NC Resident \_\_\_ Non-Resident \_\_\_  
 Campus: \_\_\_\_\_ Term: \_\_\_\_\_ Classification given: NC Resident \_\_\_ Non-Resident \_\_\_  
 Campus: \_\_\_\_\_ Term: \_\_\_\_\_ Classification given: NC Resident \_\_\_ Non-Resident \_\_\_

13. Give the permanent home address (street, city, state) of **each person** listed below. Length of time lived here

Yours: \_\_\_\_\_  
Father: \_\_\_\_\_  
Mother: \_\_\_\_\_  
Guardian: \_\_\_\_\_

14. If you, your parents, or your guardian had other N.C. addresses in the past five years, provide the following information for those addresses:

	ADDRESS (STREET, CITY, STATE, ZIP)	LIVED THERE FROM	TO
You:	_____	_____	_____
Father:	_____	_____	_____
Mother:	_____	_____	_____
Guardian:	_____	_____	_____

15. Give the last address **outside** N.C. for each person listed below:

	ADDRESS (STREET, CITY, STATE, ZIP)	LIVED THERE FROM	TO
You:	_____	_____	_____
Father:	_____	_____	_____
Mother:	_____	_____	_____
Guardian:	_____	_____	_____

16. What is the current employment of each person listed below:

	EMPLOYER	CITY AND STATE	SINCE	HOURS/WEEK
You:	_____	_____	_____	_____
Father:	_____	_____	_____	_____
Mother:	_____	_____	_____	_____
Guardian:	_____	_____	_____	_____

17. If, in the past five years, you, your parents, or your guardian have had jobs other than those listed in your answers to question 16, provide the requested information for those jobs below.

	EMPLOYER	CITY AND STATE	SINCE	HOURS/WEEK
You:	_____	_____	_____	_____
Father:	_____	_____	_____	_____
Mother:	_____	_____	_____	_____
Guardian:	_____	_____	_____	_____

18. Where (which state) and when (month and year) were the following done during the past three years?

	REGISTERED TO VOTE/VOTED IN NORTH CAROLINA	ACQUIRED/RENEWED NC DRIVER LICENSE	PAID PROPERTY TAX IN NC	FILED STATE TAX AS A NC RESIDENT
You:	_____	_____	_____	_____
Father:	_____	_____	_____	_____
Mother:	_____	_____	_____	_____
Guardian:	_____	_____	_____	_____

Verification of Selective Service Registration or "Exempt" status is required for all approved applicants. Required forms will be forwarded upon approval of North Carolina residency for tuition purposes.

**IF ADDITIONAL INFORMATION IS NEEDED, THE APPLICANT WILL BE NOTIFIED**

I hereby acknowledge that completion of item 1 (Social Security number) is voluntary, is requested solely for administrative convenience and record-keeping accuracy, and is requested only to provide a personal identifier for internal records.

I hereby certify that all information I have set forth herein is true to the best of my knowledge, pursuant to my reasonable inquiry where needed.

I hereby acknowledge that the State Education Assistance Authority (SEAA) may verify the information set forth herein from sources accessible under law to the SEAA but that the SEAA may divulge the contents of this application only as permitted under the Family Educational Rights and Privacy Act of 1974.

\_\_\_\_\_  
**Signature of applicant**                      **If under 18 years of age, signature of parent or guardian**                      **Date**  
I certify that the information I have provided  
is accurate and correct.

**(For Office Use Only)**

Action Recommended: \_\_\_\_\_ Date \_\_\_\_\_