



# APPLICATION FOR OUT-OF-STATE DIFFERENTIAL WAIVER: SOUTH CAROLINA TUITION SCHOLARSHIP

For your convenience, we accept forms via email at [records@augusta.edu](mailto:records@augusta.edu) or [admissions@augusta.edu](mailto:admissions@augusta.edu). We encourage you to use an electronic signature to help expedite the process. Instructions for signing documents electronically can be found at <https://www.augusta.edu/esignature/>.

Prior to submitting an out-of-state tuition waiver application, students are advised to review the University System of Georgia's out-of-state tuition waiver policy found in Section 7.3.4.1 of the Board of Regents Policy Manual. <http://www.usg.edu/policymanual>

Degree-seeking undergraduate and graduate students who are residents of Aiken and Edgefield County may qualify for the South Carolina Tuition Scholarship as a Border County Resident. Degree-seeking undergraduate residents of all other South Carolina counties may qualify for the South Carolina Tuition Scholarship as a Border State Resident.\* Once your completed application is reviewed and approved, you will be notified of your award.

\*Selected Programs Do Not Apply

Submit completed form and required documentation to:

**NEW STUDENTS:**

**Office of Academic Admissions**  
Summerville Campus  
Benet House  
(706) 737-1632  
[admissions@augusta.edu](mailto:admissions@augusta.edu)

**CONTINUING STUDENTS:**

**Office of the Registrar**  
Summerville Campus  
Rains Hall  
(706) 446-1430  
[records@augusta.edu](mailto:records@augusta.edu)

**Waiver Deadline**

Fall Semester: August 1

Spring Semester: December 1

Summer Semester: May 1

## ELIGIBILITY REQUIREMENTS

**Undergraduate Students:**

Are you an undergraduate student enrolling in Fall 2019 or later and your residency is in the state of South Carolina?

Yes: You may be eligible for waiver.\*      No: You are NOT eligible for waiver.

Are you an undergraduate student and your residency is in Aiken or Edgefield County South Carolina?

Yes: You may be eligible for waiver.\*      No: You are NOT eligible for waiver.

**Graduate Students:**

Are you a graduate student and your residency is in Aiken or Edgefield County South Carolina?

Yes: You may be eligible for waiver.\*      No: You are NOT eligible for waiver.

## PART 1: DOCUMENTATION REQUIREMENTS

All students must provide three items from the list below. Additional documentation may be required to confirm domicile in the border state such as the following.

- Copy of Lease Agreement or Warranty Deed
- Copy of Driver's License or State-Issued ID
- Copy of Vehicle Registration
- Copy of Income Tax Return Filed for the Most Recent Tax Year
- Copy of Utility Bills

In addition to the waiver specific documentation requirements, students must be verified to be lawfully present in the United States to be eligible for any out-of-state tuition waiver.

**Lawful Presence Documentation**

## PART 2: STUDENT INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

**PART 3: REQUEST INFORMATION**

Term of Waiver Request: Fall Spring Summer 20\_\_ Student Level: Undergraduate Graduate

Citizenship Status: U.S. Citizen U.S. Permanent Resident Other - Specify: \_\_\_\_\_

As of the first day of classes for the term you are requesting the waiver, will the state of South Carolina have been your present and permanent home (domicile) for at least 12 consecutive months? Yes No

As of the first day of classes for the term you are requesting the waiver, will Aiken or Edgefield County have been your present and permanent home (domicile) for at least 12 consecutive months? Yes No

What is your current county of domicile? \_\_\_\_\_

Have you graduated, or will you graduate, from high school in South Carolina? Yes No

Have you ever lived outside of the state of South Carolina? No Yes: Date you moved to South Carolina (MM/YY): \_\_\_\_\_

If yes, briefly explain the reason you moved to South Carolina: \_\_\_\_\_

Do you hold a current driver's license/state-issued ID? Yes No - State Issued: \_\_\_\_\_

Do you own a motor vehicle? Yes No - State Registered: \_\_\_\_\_

Are you registered to vote? Yes No - State Filed: \_\_\_\_\_

Will you be 24 years of age or older by the first day of classes? Yes No Date of Birth (MM/DD/YYYY): \_\_\_\_\_

**\*\*IF YOU WILL NOT BE 24 YEARS OR OLDER BY THE FIRST DAY OF CLASSES:**

Do you have a parent or U.S. court-appointed legal guardian who has established and maintained domicile in South Carolina for at least 12 consecutive months immediately preceding the first day of classes for the term the waiver is requested? Yes No

If No, list the state of established and maintained domicile: \_\_\_\_\_

Relationship: Parent U.S. Court-Appointed Legal Guardian Name: \_\_\_\_\_

Has the individual ever lived outside of the above state? No Yes: Maintained Domicile in South Carolina since (MM/YY): \_\_\_\_\_

If Yes, briefly explain the reason they moved to the above state: \_\_\_\_\_

Do they hold a current driver's license/state-issued ID? Yes No - State Issued: \_\_\_\_\_

Do they own a motor vehicle? Yes No - State Registered: \_\_\_\_\_

Are they registered to vote? Yes No - State Filed: \_\_\_\_\_

Did they file state income taxes? No Yes - State Filed: \_\_\_\_\_ Were you claimed as a dependent? No Yes

Did they file federal income taxes? No Yes - State Filed: \_\_\_\_\_ Were you claimed as a dependent? No Yes

Did you file state income taxes? No Yes - State Filed: \_\_\_\_\_

If Yes, Residency Status Filed? Full-Year Resident Part-Term Resident

Employment Information - List all employment for the past two years, including military service. Attach additional sheets, if needed.

From Date (MM/YYYY)	To Date (MM/YYYY)	Employer	City	State	# of Hours Worked per Week

**PART 4: REQUIRED SIGNATURES**

I understand that any material false statement made knowingly and willingly by me on this application, or any documents attached hereto may, in accordance with O.C.G.A. 16-10-71, which provides that upon conviction, a person who knowingly commits the offense of false swearing shall be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both, subject me to prosecution in a court of law. Additionally, I further understand that any such false statement may subject me to immediate dismissal from the institution.

Further, I certify that, to the best of my knowledge, the information submitted on this application is true and complete.

 \_\_\_\_\_  
Student Printed Name

 \_\_\_\_\_  
Student Signature

 \_\_\_\_\_  
Date

**PART 5: ADMISSIONS OR REGISTRAR USE ONLY**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Approved By: \_\_\_\_\_ Processed By: \_\_\_\_\_ Date Processed: \_\_\_\_\_