

**CERTIFICATION OF NORTH CAROLINA STATE RESIDENCY FOR THE  
NORTH CAROLINA NEED BASED SCHOLARSHIP  
2014-2015 ACADEMIC YEAR**

<b>1. Student Identification:</b>			
Last Name	First Name	Middle Initial	Social Security Number
<input type="checkbox"/> Male		<input type="checkbox"/> Female (Check one)	
Date of Birth (Month/Day/Year)			
<b>2. Education Information:</b>			
High School Name	City	State	Year of Graduation
<b>3. North Carolina Residency:</b>			
(a) <b>YOUR</b> Current Permanent Physical Address (PO Boxes cannot be used)			
Street Address	City	State	Zip Code
(b) <b>Dependent Students Must Provide</b> Your PARENTS' Current Permanent Physical Address (PO Boxes cannot be used)			
Street Address	City	State	Zip Code
(c) Date you became a legal resident of North Carolina (This is your birth date if born in NC) _____ (Month/Day/Year)			
(d) Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4. Selective Service Registration:</b>			
(a) <input type="checkbox"/> I am registered with the Selective Service			
(b) <input type="checkbox"/> I am not required to register with Selective Service because:			
<input type="checkbox"/> 1) I am under 18 years of age			
<input type="checkbox"/> 2) I am a female			
<input type="checkbox"/> 3) I am a male who was born prior to 1960			
<input type="checkbox"/> 4) I am a veteran			
<b>5. Student Certification:</b>			
The information provided on this certification is complete and accurate. I authorize the university to provide NCSEAA with the information on this form and to verify my grant eligibility. My eligibility and the award amount are subject to North Carolina statutes governing the NC Need Based Scholarship program and the availability of grant funds.			
_____ Student 's Signature		_____ Date	

**Submit completed form to:  
St. Andrews University Financial Aid Office  
1700 Dogwood Mile  
Laurinburg, NC 28352**