



*Winthrop
Think College*

APPLICATION FOR 2023-24 ACADEMIC YEAR

**WINTHROP THINK COLLEGE
WINTHROP UNIVERSITY
320B WITHERS/W.T.S. BUILDING
RICHARD W. RILEY COLLEGE OF EDUCATION
ROCK HILL, SC 29733**

Completed Application Deadline is
January 1, 2023

WINTHROP THINK COLLEGE PROGRAM APPLICATION FOR PROGRAM ADMISSION

*Applications will not be considered for admission until
ALL requested information is received.*

Winthrop University welcomes your application for admission to the Winthrop Think College Program. This program is a comprehensive program of study for unique learners who are highly motivated young adults with an intellectual disability. The mission of Winthrop University's Think College Program is to provide an inclusive post-secondary education experience to students with intellectual disability to prepare them for competitive employment and active participation in local communities with as much independence as possible. The disability is characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social and practical adaptive skills and originates before the age of 18 (as defined by the American Association on Intellectual and Developmental Disabilities – AAIDD).

Please read the following instructions before completing the application. The applications can be typed or printed neatly.

Application Checklist:

- Complete the Winthrop Think College Program Application
- Complete the Student Questionnaire (by applicant)
- Complete the Personal Support Inventory (by the applicant).
- Submit official high school transcript(s) including last IEP or any post-secondary program record.
- Submit official discipline report from high school.
- Submit copies of all Educational Evaluations conducted within the past three (3) years.
- Submit all Psychological/Behavioral Evaluations conducted within the last three (3) years.
- Please submit three (3) Student Recommendation Forms from references who have known the applicant for at least two calendar years. Submitted forms must represent the following areas: education (required) and at least **two recommendations** from the following areas: 1) vocational/employment, 2) community involvement and/or 3) personal.
Completed Student Recommendation Forms must be submitted with the application packet and must be in a sealed envelope with signature of the reference across the seal.
- After initial screening of the application, a personal interview will be scheduled when a completed packet has been received (required of all applicants).

Mail the completed application packet to:

Winthrop Think College Program
Winthrop University
320B Withers/W.T.S. Building
Richard W. Riley College of Education
Rock Hill, SC 29733, USA

Application Date for Consideration:

Application deadline is January 1, 2023 for the Fall 2023 cohort.

For additional Information, Contact Winthrop Think College at 803/323-3080 or visit www.winthrop.edu/coe/thinkcollege

Note: This is a certificate program (not an accredited college degree granting program), and exiting students will receive a certificate of completion along with a personal portfolio – NOT a degree from Winthrop University.

Due to space limitations, not all applicants who complete the application and meet the “criteria for admission” can be accommodated in the Winthrop Think College Program. However, applicants who are not accepted are welcome to reapply for next year.

Application Criteria:

- Ability to function independently for a sustained period of time (at least 8 hours).
- The applicant should be able to sit through 180 minute courses.
- The applicant must demonstrate the ability to accept responsibility their actions and maintain respect for themselves and others and have no history of disruptive or aggressive behaviors. Winthrop Think College does not have the personnel necessary to support behavioral challenges.
- The applicant must be independent in handling their own medication, specialized dietary and/or medical needs. There is no personnel available to manage/administer medication. Winthrop Think College Staff takes no responsibility for specialized diets or medical needs.
- Must be able to navigate the university campus without adult supervision.
- Demonstrates communication skills adequate to interact on the Winthrop University campus.
- Demonstrates socially acceptable behavior that allows a favorable experience on Winthrop University campus.
- Motivated to learn and benefit from participation in the WTC program.
- Age 18-25 at the time of admission with a documented intellectual disability with IQ between 45-75.
- Transportation to and from campus is the responsibility of the participant and their caregivers.
- Expresses interest in living and working as independently as possible in the community after completing the Winthrop Think College program.

PROGRAM FEES

Fees for 2023-24 Academic Year

	WTC Program Fee	Housing*	Meal Plan*	Residential Mentor Fee
Residential Student	\$15,000	\$5,680-\$6,696	\$3,638-\$3,814	\$3,000
Commuter Student	\$15,000	N/A	N/A	N/A

Depending on courses selected during registration, additional course fees may be added to student accounts.

Additional charges for Orientation will be added for first year students.

Information about possible funding sources can be found on our website
<https://www.winthrop.edu/coe/thinkcollege/helpful-links.aspx>

*University fees subject to change. Fees listed reflect 2022-2023 fees. Meal calculations are based on the "All Access" and "All Access Plus" plans. For more information on meal plans, visit <https://www.winthrop.edu/dining/>

WINTHROP THINK COLLEGE APPLICATION

APPLICATION NOTES:

1. Type or print in ink.
2. Complete all of the application. If the question does not apply to you, write N/A.
3. Provide the month and date(s) requested; do not use terms "current" or "present."
4. **READ APPLICATION AGREEMENT, SIGN AND DATE YOUR APPLICATION**

1. **TERM OF PROPOSED ENROLLMENT** Fall Semester YEAR _____
2. **SOCIAL SECURITY NUMBER** _____ - _____ - _____
3. **NAME** Last Name _____ Suffix (Jr., III, IV) _____
First Name _____ Middle Name _____
4. **DATE OF BIRTH** (mm/dd/yy) _____
Does someone have legal guardianship of the student? Yes No
If yes, name of guardian _____ Include copy of court documentation
5. **MAIDEN OR FORMER NAME** _____
6. **HOME/PERMANENT ADDRESS**
Street _____
City _____ State _____ ZIP code _____
County (if in SC) _____
7. **MAILING ADDRESS IF DIFFERENT FROM ABOVE**
Street _____
City _____ State _____ ZIP code _____
County (if in SC) _____
8. **CELL TELEPHONE** _____
9. **E-MAIL ADDRESS** _____
10. **I AM AN INTERNATIONAL STUDENT** (circle answer) Yes No **I AM SEEKING AN F-1 STUDENT VISA** Yes No
Country of birth _____ Country of citizenship _____
I am a permanent resident of the United States Yes No
Alien registration number (include a copy of both sides of your alien registration card or green card) _____
11. **MILITARY VETERAN/ACTIVE MILITARY**
Are you currently or have you ever been a member of the U.S. Armed forces? Yes No
If YES, please circle one of the following: Active Duty Active Reserve Reserve Component Veteran
Are you the spouse or a dependent of a full-time member of the U.S. armed forces? Spouse Dependent
Are you seeking readmission to the University after having been called-up to active military service through the reserves or drafted before the end of your last semester? Yes No
12. **ETHNIC ORIGIN / RACE**
I am Hispanic or Latino? Yes No
What is your race? Regardless of your answer to the previous question, please mark one or more races to indicate what you consider yourself to be.
 American Indian or Alaskan Native Asian Black/African American Native Hawaiian or Other Pacific Islander
 White

13. **FAMILY CONTACT INFORMATION** (circle relationship to you) Parent Spouse Guardian Other _____
 Last Name _____ Suffix (Jr., III, IV) _____
 First Name _____ Middle Name _____
 Home/permanent address (P.O. BOX, RFD, Street) _____
 City _____ State _____ ZIP Code _____
 Telephone Cell _____ Work _____
 E-mail address (please print neatly) _____

14. **I PLAN TO LIVE:** In university housing Off-campus
 15. **DO YOU LIVE IN SOUTH CAROLINA?** Yes (If yes, completion of the residency form is required.) No

ACADEMIC HISTORY

16. **HIGH SCHOOL YOU LAST ATTENDED**

Name of high school _____
 State _____ Years attended (yyyy to yyyy) _____ to _____
 Expected high school graduation date: Month/Year (mm/yy) ____/____ or GED (mm/yy) ____/____
 Issued in which state? _____

17. **LIST ALL COURSES IN WHICH YOU ARE CURRENTLY ENROLLED IN OR PLAN TO REGISTER FOR AND COMPLETE DURING YOUR SENIOR YEAR IN HIGH SCHOOL.**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

18. Did/will receive High School Diploma Equivalent Certificate Name of certificate received: _____

Participated in general education classes Yes No

Describe inclusive educational experiences/list inclusive classes:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What clubs or teams were you involved in? _____

Awards or offices held? _____

19. **COLLEGES ATTENDED:** Have you attended any college, either full-time or part-time, since graduation or taken any college-level courses while in high school? If yes, please list below all colleges attended, current or most recent first, and ask the institution(s) to forward an official transcript of your work directly to Winthrop University. The University may verify your previous attendance at all institutions through the National Student Clearinghouse.

Name of school (full name) _____ State _____

Credits earned _____ Date entered (mm/yy) _____ / _____ Date leaving (mm/yy) _____ / _____

Name of school (full name) _____ State _____

Credits earned _____ Date entered (mm/yy) _____ / _____ Date leaving (mm/yy) _____ / _____

Name of school (full name) _____ State _____

Credits earned _____ Date entered (mm/yy) _____ / _____ Date leaving (mm/yy) _____ / _____

20. **I FIRST LEARNED ABOUT WINTHROP THINK COLLEGE FROM** (circle the most appropriate)

- A family member who graduated from Winthrop University

Name _____

Relationship _____

- A family member who attended/currently attends Winthrop University
- Alumnus referral
- A student currently attending Winthrop University
- A Winthrop University faculty or staff member referral
- Meeting an admission counselor at a college fair
- A visit to campus
- A coach's referral
- I received a mailing from Winthrop University
- The Winthrop University website
- Other. Specify: _____

21. **HOW CAN YOUR EDUCATIONAL EXPERIENCE AT WINTHROP UNIVERSITY HELP YOU ACHIEVE YOUR FUTURE GOALS?**

22. REQUIRMENTS OF THE WINTHROP THINK COLLEGE PROGRAM

I fully understand that the following are the requirements of the completion of the program:

- Attend and complete all assignments within the Winthrop Think College curriculum and Winthrop classes with modified assignments.
- Cooperate with all Winthrop Think College staff and mentors.
- Fully participate in planned Winthrop Think College activities.
- Fully participate in job shadowing and employment activities.
- Adhere to the job placement requirements per the employment coordinator.
- Adhere to the independent living skills activity requirements.
- Fully comply with the Winthrop University Code of Student Conduct.

Non-compliance with these requirements may result in the following:

- Academic warning
- Academic disciplinary team meeting with action plan
- Removal from Winthrop Think College

23. APPLICATION AGREEMENT

I certify that these responses are true and complete to the best of my knowledge, pursuant to reasonable inquiry where needed, and I am aware that any knowing omissions or falsification herein may result in disciplinary action including denial of admission or dismissal after admission. Further, it is my understanding that I shall not be considered for admission to the University until I have submitted all credentials. I understand that if I discontinue my enrollment in Winthrop Think College at Winthrop University at any time, I must submit a new application by the appropriate deadline to be considered for readmission. I also understand that the provision of my Social Security number and my ethnic/racial origin are not required to be considered for admission to Winthrop ThinkCollege.

My signature below is my promise that, should I enroll at Winthrop University, I will abide by all rules and policies of the Code of Student Conduct and Academic Responsibilities as outlined in the University’s Student Handbook. The handbook can be found at <https://www.winthrop.edu/studentconduct/winthrop-university-student-handbook.aspx>

Signature of Applicant _____ **Date** _____

Signature of Parent or Legal Guardian _____ **Date** _____

(If applicant is under 18 years of age)

WINTHROP THINK COLLEGE PARENT READINESS SURVEY

(To be completed by parent or support person)

APPLICANT INFORMATION

Student Name: _____

Parent/Guardian Name: _____

STUDENT SAFETY

I expect one-on-one support for my student all day.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I worry about my student talking to other students unsupervised.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I worry about my student crossing the street.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I check to see if my student has the correct facts.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

My student is at risk for exploitation (financially, sexually, otherwise)

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

POST-SECONDARY PROGRAMS

I expect to know everything my student does at the university.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I need to know the homework assignments for each class my student takes.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I need to know the calendar of social activities offered to my student.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I know my student, with support, will develop friendships.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I know my student, with support, will try new opportunities.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

DIRECT INVOLVEMENT

I would like to attend classes to see my student interact with others.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Often I am in contact with my student more than three times a day.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Often, I am telling my student what to do or say.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I check up on my student in person if I can.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

STUDENT'S STRENGTHS AND CHALLENGES

My student has the ability to handle frustration appropriately.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I trust my student's judgments.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

My student has the ability to seek assistance.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

STUDENT'S STRENGTHS AND CHALLENGES

I feel that my student knows what is best for themselves.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

CONCERNS ABOUT THE FUTURE

I believe post-secondary education is important for my student.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I feel that my student wants to attend the university.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

My student will live independent of our family after graduation.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

My student will have meaningful employment after graduation.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

My student will lead the Person Centered Planning in order to achieve their goals.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

PERSONAL SUPPORT INVENTORY

(To be completed by parent or support person)

Completed by: _____

Please fill in the information below as accurately and honestly as possible. This information gives a greater understanding of the student's functional level and is not necessarily a determining factor in acceptance to the Program.

Check all that apply.

INDEPENDENT LIVING SKILLS

Finds way around new environment

- Has never had the opportunity
- Needs complete assistance
- Completely independent

Follows a schedule independently

- Has never had the opportunity
- Needs complete assistance
- Completely independent

Handles all toileting needs

- Needs complete assistance
- Needs prompting
- Completely independent

Handles taking medications

- Completely independent
- Needs reminders to take medication
- Needs assistance filling pill holder
- Needs complete assistance
- Has never had the opportunity
- Not applicable

Specialized diet

- Needs complete assistance
- Needs prompting
- Not applicable

Bathes regularly

- Needs daily reminders
- With prompting/schedules
- Completely independent

Changes clothes daily

- Needs daily reminders
- With prompting/schedules
- Completely independent

Brushes teeth daily

- Needs daily reminders
- With prompting/schedules
- Completely independent

Cuts fingernails and toenails

- Needs complete assistance
- Needs reminders
- With prompting/schedules
- Completely independent

INDEPENDENT LIVING SKILLS (CONT.)

Manages menstrual health

- Needs complete assistance
- Needs reminders
- With prompting/schedules
- Completely independent
- Not applicable

Operates home appliances safely (e.g., microwave, toaster, coffee pot)

- Needs complete assistance
- Needs reminders
- With prompting/schedules
- Completely independent
- Has the never had opportunity

Asks for help, clarification

- Needs prompting
- Always
- Only in familiar situations

Uses good judgment in an emergency

- Has received instruction, but has not been in the situation
- Has not received instruction
- Completely independent

Copes well with stress

- Needs assistance
- Has and uses coping strategies with prompting
- Independently has and uses coping strategies

Adjusts well to new environments

- Needs much assistance
- Needs little assistance
- Independent
- Needs prompting to ask for assistance

Prefers to do things for themselves

- Yes
- No
- Frequently requests assistance
- Needs prompting to ask for assistance

Laundry (check all that apply)

- Sorts
- Operates washer
- Operates dryer
- Folds
- Irons
- Does not do laundry
- Puts away clothes

INDEPENDENT LIVING SKILLS (CONT.)

Cooks (check all that apply)

- Prepares simple meals independently (microwave only or no heating required)
- Prepares simple meals using a stove or oven independently.
- Follows a multi-step recipe to prepare meals independently.
- Needs some support to prepare meals.
- Needs high levels of support to prepare meals.

Has attended camp away from home

- Yes (For how long? _____)
- No

Sets appointments for him/herself

- Yes
- No

Traveling Experiences (check all that apply)

- Has flown on an airplane alone
- Has flown on the airplane with an adult
- Has traveled internationally
- Has traveled on a bus alone
- Has traveled on a bus with an adult

Has traveled using Uber/Lyft/etc. alone

Has traveled using Uber/Lyft etc. with an adult

- None of the above
- Other: _____

Driving

- The student has a license and drives independently
- The student has a license but drives with parent/adult only
- The student has a learner's permit only
- The student does not drive

What chores is the student responsible for at home?

The student is able to manage their own time in the following ways: (check all that apply)

- Arrives on time
- Allows enough time to walk to classes, etc.
- Uses alarm clock
- Uses schedule or day planner
- None of the above

The student is independently able to use: (check all that apply)

- Laptop
- Debit card
- Flash drive
- Cell phone
- ATM
- E-mail
- Printer

INDEPENDENT LIVING SKILLS (CONT.)

How students can manage their own finances (e.g., in regard to purchasing meals, groceries, etc.)

- Needs complete assistance
- Needs reminders
- Needs some reminders
- With prompting/schedules
- Struggles with following rules
- Completely independent
- Has the never had opportunity

The student can use the Internet safely and independently.

- Needs complete assistance
- Needs reminders
- With prompting/schedules
- Completely independent
- Has the never had opportunity

SOCIAL SKILLS AND COMMUNICATION

Communicates needs appropriately (check all that apply)

- Using one word utterances
- Using two word utterances or short phrases
- Using simple sentences
- Using complex sentences
- Using sign language
- Using augmentative and alternative communication device

Engages in age appropriate interaction (check all that apply)

- With family
- With same age peers
- With older students or adults
- With younger students
- With peers of the same gender
- With peers of different genders
- Does not socialize

Deals with conflict

- Needs much assistance
- Needs limited assistance, needs prompting to seek assistance needed
- Needs limited assistance and is able to seek the assistance needed
- Independent

Distinguishes between friends & strangers

- Yes
- No
- Has not been in the situation

Understands the difference between private and public behaviors

- Yes
- No
- Has not been in the situation

Follows rules

- Yes
- Needs some reminders
- Struggles with following rules

SOCIAL SKILLS AND COMMUNICATION (CONT.)

Orders and purchases from a restaurant/store

- Yes
- No
- Needs assistance

Respects authority figures

- Yes
- No
- Depends on the relationship

Uses cell phone (check all that apply)

- Phone calls
- Text messages
- Calendar/day planner
- Alarms
- Apps
- Internet browsing
- Social media

Is able to provide personal information (check all that apply)

- Full name
- Birth date
- Address
- Emergency contact
- Medication information
- Insurance information
- Phone number
- E-mail address

Uses e-mail (check all that apply)

- Has e-mail account but does not use
- With assistance
- Independently
- Remembers passwords
- Needs reminder for passwords
- Checks daily
- Sends/responds to e-mail
- Attach a document to an e-mail

Maintains appropriate social behavior (check all that apply)

- Independent with family
- Independent in public situations
- Needs reminders with family
- Needs reminders in public situations

How does the student manage anger/anxiety?

Dating experience (check all that apply)

- Has not dated
- Has dated
- Online dating
- No experience, but is interested in dating

SOCIAL SKILLS AND COMMUNICATION (CONT.)

Is the student currently involved in activities that are specially created for individuals with disabilities?

- No
- Yes
- Yes, but the activities involve typically developing peers as well.

ACADEMIC SKILLS

Reading skills

Approximate grade level reading ability: _____ (check all that apply)

- No functional reading
- Reads chapter books
- Reads books silently
- Can answer literal comprehension questions
- Can answer inferential comprehensions questions
- Can summarize a reading selection
- Reads books for pleasure
- Title of last book read: _____

Math skills (check all that apply)

- Uses money accurately to make a purchase
- Counts change given to determine accuracy
- Manages a checking account
- Stays within a budget

Computer skills (check all that apply)

- Word processor
- Internet search
- Remembers passwords
- PowerPoint
- Requires assistance
- Uses Mac
- Uses PC/Chromebook
- Does not use the computer

Following verbal directions

- Yes
- No
- With reminders

Following written directions

- Yes
- No
- With reminders

Time Management (check all that apply)

- Uses a calendar
- Makes appointments
- Keeps planner/agenda
- Sets reminders on phone
- On time for appointments
- Needs assistance with time management

Study Habits (check all that apply)

- Studies independently
- Has tutor
- Requires one-on-one assistance
- Requires prompting
- Does not have homework

ACADEMIC SKILLS (CONT.)

Note-taking (check all that apply)

- Takes own notes
- Uses technology to take notes
- Requires copies of notes
- Does not write

Writing skills (check all that apply)

- Has written papers
- Drafts, revises and edits
- Writes short paragraphs
- Writes simple sentences
- Use punctuation
- Uses capitalization
- Uses correct spelling
- Uses technology for writing

Listening skills (check all that apply)

- Can retell a story that was heard
- Able to attend to a speaker during group lessons/presentations
- Answers questions based on information presented during lessons/presentations
- Creates questions based on information presented during lessons/presentations
- Shares relevant information based on information presented during lessons/presentations

Tutor/assistant (check all that apply)

- An assistant attended class with the student
- An assistant worked one-on-one with the student
- The student has had an at home tutor
- No tutor or assistant

Student use of assistive technology (check all that apply)

- iPad apps: _____
- Live Scribe Pen
- Laptop
- Voice Recognition software
- Dragon Naturally speaking
- OneNote
- Evernote
- Recording device
- Google apps
- Other: _____
- None of the above, but would benefit for assistive technology
- None of the above needed

Please feel free to provide any supporting documentation.

What goals does the family/parent have for the student while in college?

STUDENT INFORMATION

Last Name _____ First Name _____ MI _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ ZIP Code _____

Birth Date _____ ** Social Security Number _____

E-mail Address _____

Is the applicant their own legal guardian? (Circle one) YES NO If no, include appropriate legal documentation

** Your SSN is confidential and under federal law it is protected and will not be disclosed to unauthorized parties. Disclosures may be authorized for the purpose of available financial aid, academic transcript or accountability research.

This section is to be completed by the applicant only.

It may include additional pages when completed.

This questionnaire is used for assessment of each student's writing skills, critical thinking skills and creativity. It can be written by hand or typed.

1. Why do you wish to be considered for Winthrop Think College?

2. What kind of job would you like once you complete WTC?

3. What do you do in your free time?

4. What do you want to study in college?

5. Is there anything you want to learn that you haven't already in high school?

STUDENT INFORMATION (CONT.)

6. What is your favorite hobby or sport?

7. Have you been away from your family for an extended period of time? (Circle) YES NO If yes, please explain.

8. How do you feel about living away from your family?

9. Do you spend time with friends outside of school? (Circle) YES NO

If yes, what do you like to do with your friends?

10. What types of internships are you interested in?

11. Discuss two goals you have for your future upon completion of Winthrop Think College.

12. Do you have social media accounts? (Circle) YES NO If yes, do you use your accounts regularly? (Circle) YES NO

13. Please use this space to provide us with any additional information about yourself that you wish to share.

WINTHROP THINK COLLEGE EMPLOYMENT HISTORY

PLEASE COMPLETE THE FOLLOWING

PLEASE INCLUDE PAID AND UNPAID EMPLOYMENT, SCHOOL-BASED EMPLOYMENT TRAINING AND INTERNSHIPS. EMPLOYMENT EXPERIENCE IS NOT A REQUIREMENT FOR ADMISSION.

No work history

PAID EMPLOYMENT/INTERNSHIP/VOLUNTEER EXPERIENCE

Employer _____ Phone _____

Address _____

City _____ State _____ ZIP Code _____

Supervisor _____ How did you obtain this job: _____

Responsibilities _____

Reason for leaving _____

Dates _____ to _____ Paid Internship Volunteer

PAID EMPLOYMENT/INTERNSHIP/VOLUNTEER EXPERIENCE

Employer _____ Phone _____

Address _____

City _____ State _____ ZIP Code _____

Supervisor _____ How did you obtain this job: _____

Responsibilities _____

Reason for leaving _____

Dates _____ to _____ Paid Internship Volunteer

PAID EMPLOYMENT/INTERNSHIP/VOLUNTEER EXPERIENCE

Employer _____ Phone _____

Address _____

City _____ State _____ ZIP Code _____

Supervisor _____ How did you obtain this job: _____

Responsibilities _____

Reason for leaving _____

Dates _____ to _____ Paid Internship Volunteer

WINTHROP THINK COLLEGE EMPLOYMENT REFERENCES

Please provide contact information for three references. Remember to ask your references before sharing their contact information.

Full name _____ Relationship _____
Company _____ Phone _____
Address _____ E-mail _____
City _____ State _____ ZIP Code _____

Full name _____ Relationship _____
Company _____ Phone _____
Address _____ E-mail _____
City _____ State _____ ZIP Code _____

Full name _____ Relationship _____
Company _____ Phone _____
Address _____ E-mail _____
City _____ State _____ ZIP Code _____

APPLICANT CONTRACT

Read the applicant contract below and sign and date

I, _____, understand that college students in Winthrop Think College at Winthrop University must abide by the following terms and conditions:

- I will complete four semesters in the certificate Winthrop Think College program at Winthrop University.
- I will follow my course schedule, attend classes, and complete course assignments to the best of my ability.
- I understand I will use a cell phone for communication with program staff on campus.
- I will actively participate in recreational activities on campus each semester.
- I will attend at least one Cultural Event on campus each semester.
- I will work part time in the community or on campus and/or participate in an internship on or off campus each semester.
- I will call the Winthrop Think College coordinator and/or my peer mentors when I will be absent or late.
- I understand that I am responsible for all tuition, fees, related expenses, and transportation to and from campus.
- I understand if I have documented intellectual disability, I can apply for federal financial aid.
- I will follow all the rules established by Winthrop Think College.
- I will attend scheduled meetings with Winthrop Think College program staff, and understand that I can invite others to participate in the meetings.
- I will be an active participant and communicate any issues at our meetings.
- I will actively pursue employment as part of the Winthrop Think College program.
- My family and I have a goal for me to work part-time or full-time upon graduation from Winthrop Think College.

I have read the above and understand that this program is voluntary, and I must agree to these terms if I am accepted into *Winthrop Think College* at Winthrop University. I understand that I may be asked to leave the program if I fail to follow the terms and conditions.

Applicant Signature

Date

Parent/Guardian Signature

Date

RECOMMENDATIONS AND RELEASE

PLEASE LIST THE FOLLOWING INFORMATION FOR RECOMMENDATIONS. INDIVIDUALS SENDING RECOMMENDATIONS SHOULD KNOW THE STUDENT WELL AND BE ABLE TO SPEAK TO THEIR READINESS FOR COLLEGE:

RECOMMENDATION 1 (EDUCATOR)

Name: _____

Position: _____

Address, City, State _____

Phone _____

E-mail _____

RECOMMENDATION 2

Name: _____

Position: _____

Address, City, State _____

Phone _____

E-mail _____

RECOMMENDATION 3

Name: _____

Position: _____

Address, City, State _____

Phone _____

E-mail _____

RECOMMENDATION RELEASE

I agree to waive my right to access the student recommendation forms

Applicant Name _____

Applicant Signature _____ Date _____

Parent Name _____

Parent Signature _____ Date _____

WINTHROP THINK COLLEGE EDUCATOR RECOMMENDATION FORM

RECOMMENDATION 1 EDUCATOR RECOMMENDATION FORM FOR:

(Applicant Name)

The above named individual has applied for admission to the Winthrop Think College at Winthrop University. (Visit <https://www.winthrop.edu/thinkcollege/> to learn more about the program). Winthrop Think College serves to provide young adults with intellectual disability an inclusive college experience that will further their academic, employment, social and independent living skills. Please answer the following questions to the best of your ability. Applications will not be reviewed without recommendations. Applicants have waived their right to access the recommendation form. Recommendations will be kept in the strictest confidence. Your timely completion and mailing of this form are greatly appreciated by the applicant. If you have any further questions, please contact Winthrop Think College at (803) 323-3080 or wtc@winthrop.edu. Thank you.

CONTACT INFORMATION

Your Name _____ Title/Organization _____

Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail Address _____

1. How long have you known the applicant? _____

2. In what capacity?

3. Are you familiar with Winthrop Think College? (Circle One) YES NO

4. Do you feel the applicant would benefit from post-secondary education in the area of academics? Why or why not?

CONTACT INFORMATION (CONT.)

5. Do you feel the applicant would benefit from post-secondary education in the area of socialization? Why or why not?

6. Do you feel the applicant would benefit from post-secondary education in the area of independent living?

Why or why not?

7. Do you feel the applicant would benefit from post-secondary education in the area of career development?

Why or why not?

8. Does the applicant have any behaviors that would interfere with their ability to participate in Winthrop Think College?

(circle one) YES NO

PERSONAL SUPPORT INVENTORY

Completed by: _____

Please fill in the information below as completely honestly as possible. This information gives a greater understanding of the student's functional level and is not a determining factor in acceptance to the Program.

Check all that apply.

Finds way around a new environment

- Never had the opportunity
- Needs complete assistance
- Needs limited assistance
- Completely independent

Follows a schedule independently

- Never had the opportunity
- Needs complete assistance
- Needs limited assistance
- Completely independent

Hygiene

- Is an issue
- Not an issue

Asks for help or clarification

- Needs prompting
- Only in familiar situations
- Always

Use good judgement during an emergency

- Received instructions, but has not been in the situation
- Has not received instruction
- Completely independent

Cops well with stress

- Needs assistance
- Has and uses coping strategies

Adjusts well to new environments

- Needs significant assistance
- Needs little assistance
- Independent

Prefers to do things for themselves

- Yes
- No
- Requests assistance

Is the student able to manage their own time? Check all that apply.

- Arrive on time
- Allows enough time to walk to classes
- Uses alarm clock
- Uses agenda/planner
- No

Has participated in community based instruction

- Yes, successfully
- Yes, unsuccessfully
- No

ACADEMIC SKILLS (CONT.)

Student knows and understands their disability

- Not aware of disability
- Knows disability, but does not understand
- Knows and understands

WINTHROP THINK COLLEGE SOCIAL AND COMMUNICATION SKILLS

Communicates needs appropriately

- Yes
- No
- With prompting

Engages in age appropriate interaction

- Yes, socializes with same age peers
- Socializes with students without disabilities
- Socializes only with students with disabilities
- Socializes mostly with family
- Does not socialize

Deals with conflicts

- Needs significant assistance
- Needs limited assistance
- Seeks assistance
- Independent

Distinguishes between friends and strangers

- Yes
- No
- Has not been in the situation

Follows rules

- Yes, is a rule follower
- Needs reminders
- Struggles following rules

Respects authority figures

- Yes
- No
- Depends on the relationship

Uses a cell phone (check all that apply)

- Social media
- Phone calls
- Text messages
- Calendar
- Alarms
- Apps
- Internet browsing

Is able to provide personal information (check all that apply)

- Address
- Emergency contact
- Medication information
- Phone number
- Alarms
- E-mail address
- Insurance information

COMMUNICATION SKILLS (CONT.)

Uses e-mail (check all that apply)

- Has account, but does not use
- Uses account with assistance
- Uses account independently
- Needs reminders for passwords
- Remembers passwords

Maintains appropriate social behavior (check all that apply)

- With prompting
- Independently with family
- Needs reminders in public situations
- Independent in public situations

How does the student manage anger/anxiety?

WINTHROP THINK COLLEGE SOCIAL AND COMMUNICATION SKILLS

Reading skills approximate grade level ability _____

- No functional reading
- Reads chapter books
- Reads silently
- Can answer comprehensive questions
- Can summarize
- Reads for enjoyment

Math skills approximate grade level ability _____

- Can make a purchase with money
- Makes change with bills
- Makes change with coins
- Manages bank account
- Can make a budget and stay within it

Computer skills

- Word processing programs
- Power Point
- Search internet
- Requires assistance
- Does not use

Has participated in inclusive classes

- Yes, independently
- Yes, with support
- No

Following verbal directions

- Yes
- No
- With reminders

Following written directions

- Yes
- No
- With reminders

ACADEMIC SKILLS (CONT.)

Note-taking skills (check all that apply)

- Takes own notes
- Copies notes from board
- Uses technology
- Requires copies of notes

Study habits

- Studies independently
- Requires prompting
- One-on-one assistance
- Does not have homework

Writing skills

- Writes papers
- Drafts, revises and edits
- Writes short paragraphs
- Uses punctuation
- Writes simple sentences
- Does not write
- Uses technology for writing

Assistive technology used

RECOMMENDATION 2

Recommendation for _____ (applicant's name)

You have been asked to recommend this applicant for admission to Winthrop Think College at Winthrop University. Winthrop Think College focuses on offering a college experience to individuals with intellectual disability that might otherwise not experience a college life. We believe that individuals with intellectual disability have the right to experience collegiate life in a way that is appropriate to meet their needs and advance their long-term goals. Students enrolled will be working on social, community living, vocational, and academic goals.

We would greatly appreciate your completion of this form at your earliest convenience. We cannot consider the applicant without this form. Attach additional pages as needed.

Please return this form to the applicant in a sealed envelope and sign across the seal. The applicant will submit all letters of recommendation as part of their completed Application Packet. Thank you for your assistance.

RECOMMENDER INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____

Institutional Affiliation: _____

Address of Recommender:

Number and Street: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

1)How long have you known the applicant and in what capacity?

4) Are you aware of any disruptive or challenging behavior that might inhibit the applicants of other students' learning experience?

5) Winthrop Think College requires a level of independence for students and does not provide 24 hour support. Please rate the applicant's independence level on a scale of 1 to 5 (5 indicating high level of independence and 1 indicating the need for full assistance) based on what you know about the applicant.

Safety: 1 2 3 4 5

Comments:

Independence: 1 2 3 4 5

Comments:

Challenging Behaviors: 1 2 3 4 5

Comments:

RECOMMENDATION 3

Recommendation for _____ (applicant's name)

You have been asked to recommend this applicant for admission to Winthrop Think College at Winthrop University. Winthrop Think College focuses on offering a college experience to individuals with intellectual disability that might otherwise not experience a college life. We believe that individuals with intellectual disability have the right to experience collegiate life in a way that is appropriate to meet their needs and advance their long-term goals. Students enrolled will be working on social, community living, vocational, and academic goals.

We would greatly appreciate your completion of this form at your earliest convenience. We cannot consider the applicant without this form. Attach additional pages as needed.

Please return this form to the applicant in a sealed envelope and sign across the seal. The applicant will submit all letters of recommendation as part of their completed Application Packet. Thank you for your assistance.

RECOMMENDER INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____

Institutional Affiliation: _____

Address of Recommender:

Number and Street: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

1)How long have you known the applicant and in what capacity?

4) Are you aware of any disruptive or challenging behavior that might inhibit the applicants of other students' learning experience?

5) Winthrop Think College requires a level of independence for students and does not provide 24 hour support. Please rate the applicant's independence level on a scale of 1 to 5 (5 indicating high level of independence and 1 indicating the need for full assistance) based on what you know about the applicant.

Safety: 1 2 3 4 5

Comments:

Independence: 1 2 3 4 5

Comments:

Challenging Behaviors: 1 2 3 4 5

Comments:

WINTHROP UNIVERSITY

Application for Classification as a South Carolina Resident for Tuition Payment Purposes Residency Information and Regulations

Winthrop University is required under South Carolina State Law (Statutory Authority: 1976 Code Sections 59-112-10 to 59-112-100) to determine the residence classification of applicants. The initial determination of one's resident status is made at the time of admission. The determination made at that time, and any determination made thereafter, prevails for each subsequent semester until information becomes available that would impact the existing residency status and the determination is successfully challenged. **The burden of proof rests with the students to show evidence as deemed necessary to establish and maintain their residency status.**

62-600. Rates of Tuition and Fees.

- A. Resident classification is an essential part of tuition and fee determination, admission regulations, scholarship eligibility, and other relevant policies of the state. It is important that institutions have fair and equitable regulations that can be administered consistently and are sensitive to the interests of both students and the state. The Commission on Higher Education hereby establishes regulations for the Statute Governing Residency for Tuition and Fee Purposes to be applied consistently by all South Carolina institutions of higher education. These regulations do not address residency matters relating to in county categories used within the State's technical colleges.
- B. Institutions of higher education are required by the Statute to determine the residence classification of applicants. The initial determination of one's resident status is made at the time of admission. The determination made at that time, and any determination made thereafter, prevails for each subsequent semester until information becomes available that would impact the existing residency status and the determination is successfully challenged. The burden of proof rests with the students to show evidence as deemed necessary to establish and maintain their residency status.

62-601. Code of Laws Governing Residence.

Rules regarding the establishment of legal residence for tuition and fee purposes for institutions of higher education are governed by Title 59, Chapter 112 of the 1976 South Carolina Code of Laws, as amended.

62-602. Definitions.

- A. "Academic Session" is defined as a term or semester of enrollment. (62-607.B)
- B. "Continue to be Enrolled" is defined as continuous enrollment without an interruption that would require the student to pursue a formal process of readmission to that institution. Formal petitions or applications for change of degree level shall be considered readmissions. (62-607.A)
- C. "Dependent Person" is defined as one whose predominant source of income or support is from payments from a parent, spouse, or guardian, who claims the dependent person on his/her federal income tax return. In the case of those individuals who are supported by family members who do not earn enough reportable income for taxation purposes, a dependent person can be defined as one who qualifies as a dependent or exemption on the federal income tax return of the parent, spouse, or guardian. A dependent person is also one for whom payments are made, under court order, for child support and the cost of the dependent person's college education. A dependent person's residency is based upon the residency of the person upon whom they are dependent. (62-602.G) (62-602.N) (62-603.B) (62-605.C) (62-607.A)
- D. "Domicile" is defined as the true, fixed, principal residence and place of habitation. It shall indicate the place where a person intends to remain, or to where one expects to return upon leaving without establishing a new domicile in another state. For purposes of this section, one may have only one legal domicile. One is presumed to abandon automatically an old domicile upon establishing a new one. Housing provided on an academic session basis for student at institutions shall be presumed not to be a place of principal residence, as residency in such housing is by its nature temporary. (62-602.E) (62-602.K) (62-602.M) (62-602.N) (62-603.A) (62-603.B) (62-605.B) (62-605.C) (62-607.A) (62-607.B) (62-608.A) (62-608.C) (62-608.D) (62-609.A.3) (62-609.A.4)
- E. "Family's Domicile in this State is Terminated" is defined as an employer directed transfer of the person upon whom the student is dependent and is not construed to mean a voluntary change in domicile. Also included is a relocation of the person upon whom the student is dependent who is laid off through no fault of their own, e.g., plant closure, downsizing, etc., who accepts employment in another state prior to relocating. (62-607.A)
- F. "Full time employment" is defined as employment that consists of at least thirty seven and one half hours a week on a single job in a full time status, with gross earnings of at least minimum wage. However, a person who works less than thirty seven and one half hours a week but receives or is entitled to receive full time employee benefits shall be considered to be employed full time if such status is verified by the employer. A person who meets the eligibility requirements of the Americans with Disabilities Act must present acceptable evidence that they satisfy their prescribed employment specifications in order to qualify as having full time employment. (62-605.C.1) (62-609.A.2) (62-609.A.3)
- G. "Guardian" is defined as one legally responsible for the care and management of the person or property of a minor child based upon the five tests for dependency prescribed by the Internal Revenue Service; provided, however, that where circumstances indicate that such guardianship or custodianship was created primarily for the purpose of conferring South Carolina domicile for tuition and fee purposes on such child or dependent person, it shall not be given such effect. (62-602.C) (62-602.E) (62-602.I) (62-602.M) (62-603.B) (62-605.C)
- H. "Immediately Prior" is defined as the period of time between the offer of admission and the first day of class of the term for which the offer was made, not to exceed one calendar year. (62-607.A)

- I. "Independent Person" is defined as one in his/her majority (eighteen years of age or older) or an emancipated minor, whose predominant source of income is his/her own earnings or income from employment, investments, or payments from trusts, grants, scholarships, commercial loans, or payments made in accordance with court order. An independent person must provide more than half of his or her support during the twelve months immediately prior to the date that classes begin for the semester for which resident status is requested. An independent person cannot claim the domicile of another individual as their own for the purposes of establishing intent to become a South Carolina resident. An independent person must have established his/her own domicile for twelve months prior to receiving in-state tuition and fees. An independent person cannot be claimed as a dependent or exemption on the federal tax return of his or her parent, spouse, or guardian for the year in which resident status is requested. (62-602.N) (62-603.A) (62-605.C) (62-607.B) (62-608.B)
- J. "Minor" is defined as a person who has not attained the age of eighteen years. An "emancipated minor" shall mean a minor whose parents have entirely surrendered the right to the care, custody and earnings of such minor and are no longer under any legal obligation to support or maintain such minor. (62-602.G)
- K. "Non-resident Alien" is defined as a person who is not a citizen or permanent resident of the United States. By virtue of their non-resident status "non-resident aliens" generally do not have the capacity to establish domicile in South Carolina. (62-602.M) (62-604.A)
- L. "Parent" is defined as the father, mother, stepfather, stepmother, foster parent or parent of a legally adopted child. (62-602.C) (62-602.E) (62-602.I) (62-602.J) (62-602.M) (62-603.B) (62-603.C) (62-605.C)
- M. "Reside" is defined as continuous and permanent physical presence within the State, provided that absences for short periods of time shall not affect the establishment of residence. Excluded are absences associated with requirements to complete a degree, absences for military training service, and like absences, provided South Carolina domicile is maintained. (62-603.A) (62-606.B) (62-609.A) (62-609.A.3) (62-609.A.4) (62-609.B)
- N. "Resident" for tuition and fee purposes is defined as an independent person who has abandoned all prior domiciles and has been domiciled in South Carolina continuously for at least twelve months immediately preceding the first day of class of the term for which resident classification is sought and for whom there is an absence of domiciliary evidence in other states or countries, notwithstanding other provisions of the Statute. (62-600.A) (62-600.B) (62-602.I) (62-602.K) (62-602.M) (62-603.A) (62-603.B) (62-603.C) (62-604.A) (62-605.A) (62-605.C) (62-605.C.7) (62-606.A) (62-606.A.5) (62-606.B) (62-607.A) (62-608.B) (62-609.A.3) (62-610.A) (62-610.B) (62-611.A) (62-611.B)
- O. "Spouse" is defined as the husband or wife of a married person in accordance with Title 20, Chapter 1 of the 1976 South Carolina Code of Laws, as amended. (62-602.C) (62-602.E) (62-602.I) (62-602.M) (62-603.B) (62-605.C)
- P. "Temporary Absence" is defined as a break in enrollment during a fall or spring semester (or its equivalent) during which a student is not registered for class. (62-606.A)
- Q. "Terminal Leave" is defined as a transition period following active employment and immediately preceding retirement (with a pension or annuity), during which the individual may use accumulated leave. (62-609.A.4)
- R. "United States Armed Forces" is defined as the United States Air Force, Army, Marine Corps, Navy, and Coast Guard. (62-606.B) (62-609.A(1))
- S. "Trust" is defined as a legal entity created by a grantor for the benefit of designated beneficiaries under the laws of the state and the valid trust instrument. However, that where circumstances indicate that such trust was created primarily for the purpose of conferring South Carolina domicile for tuition and fee purposes on such child or independent person, it shall not be given such effect.

62-603. Citizens and Permanent Residents.

- A. Independent persons who have physically resided and been domiciled in South Carolina for twelve continuous months immediately preceding the date the classes begin for the semester for which resident status is claimed may qualify to pay in state tuition and fees. **The twelve month residency period starts when the independent person establishes the intent to become a South Carolina resident per Section 62-605 entitled "Establishing the Requisite Intent to Become a South Carolina Domiciliary." The twelve month residency period cannot start until the absence of indicia in other states is proven.** Absences from the State during the twelve month period may affect the establishment of permanent residence for tuition and fee purposes.
- B. **The resident status of a dependent person is based on the resident status of the person who provides more than half of the dependent person's support and claims or, only in the case of those individuals who are supported by family members who do not earn enough reportable income for taxation purposes, qualifies to claim the dependent person as a dependent for federal income tax purposes. Thus, the residence and domicile of a dependent person shall be presumed to be that of their parent, spouse, or guardian.**
- C. **In the case of divorced or separated parents,** the resident status of the dependent person may be based on the resident status of the parent who claims the dependent person as a dependent for tax purposes; or based on the resident status of the parent who has legal custody or legal joint custody of the dependent person; or based on the resident status of the person who makes payments under a court order for child support and at least the cost of his/her college tuition and fees.

62-604. Non-Resident Aliens, Non-Citizens, and Non-Permanent Residents.

- A. Except as otherwise specified in this section or as provided in Section 62-609 (1) & (2), independent non-citizens and non-permanent residents of the United States will be assessed tuition and fees at the non-resident, out of state rate. Independent non-resident aliens, including refugees, asylees, and parolees may be entitled to resident, in state classification once they have been awarded permanent resident status by the U.S. Department of Justice and meet all the statutory residency requirements provided that all other domiciliary requirements are met. Time spent living in South Carolina immediately prior to the awarding of permanent resident status does not count toward the twelve month residency period. Certain non-resident aliens present in the United States in specified visa classifications are eligible to receive in-state residency status for tuition and fee purposes as prescribed by the Commission on Higher Education. They are not, however, eligible to receive state-sponsored tuition assistance/scholarships.

B. Title 8 of the Code of Federal Regulations (CFR) serves as the primary resource for defining visa categories.

62-605. Establishing the Requisite Intent to Become a South Carolina Domiciliary.

- A. Resident status may not be acquired by an applicant or student while residing in South Carolina for the primary purpose of enrollment in an institution or for access to state supported programs designed to serve South Carolina residents. An applicant or student from another state who comes to South Carolina usually does so for the purpose of attending school. Therefore, an applicant or student who enrolls as a non-resident in an institution is presumed to remain a non-resident throughout his or her attendance and does not qualify under any of the residency provisions.
- B. If a person asserts that his/her domicile has been established in this State, **the individual has the burden of proof**. Such persons should provide to the designated residency official of the institution to which they are applying any and all evidence the person believes satisfies the burden of proof. The residency official will consider any and all evidence provided concerning such claim of domicile, but will not necessarily regard any single item of evidence as conclusive evidence that domicile has been established.
- C. For independent persons or the parent, spouse, or guardian of dependent persons, indicia showing intent to become a South Carolina resident may include, although any single indicator may not be conclusive, the following indicia:
1. Statement of full time employment;
 2. Designating South Carolina as state of legal residence on military record;
 3. Possession of a valid South Carolina driver's license, or if a non-driver, a South Carolina identification card. **Failure to obtain this credential within 90 days of the establishment of the intent to become a South Carolina resident will delay the beginning date of residency eligibility until a South Carolina driver's license is obtained;**
 4. Possession of a valid South Carolina vehicle registration card. **Failure to obtain this credential within 45 days of the establishment of the intent to become a South Carolina resident will delay the beginning date of residency eligibility until the applicant obtains a South Carolina vehicle registration card;**
 5. Maintenance of domicile in South Carolina;
 6. Paying South Carolina income taxes as a resident during the past tax year, **including income earned outside of South Carolina from the date South Carolina domicile was claimed, which is required of all persons who claim residency in South Carolina.**
 7. Ownership of principal residence in South Carolina; and
 8. Licensing for professional practice (if applicable) in South Carolina.
- D. **The absence of indicia in other states or countries is required before the student is eligible to pay in state rates.**

62-606. Maintaining Residence.

- A. A person's temporary absence from the State does not necessarily constitute loss of South Carolina residence unless the person has acted inconsistently with the claim of continued South Carolina residence during the person's absence from the State. The burden is on the person to show retention of South Carolina residence during the person's absence from the State.

Steps a person should take to retain South Carolina resident status for tuition and fee purposes include:

1. Continuing to use a South Carolina permanent address on all records;
 2. Maintaining South Carolina driver's license;
 3. Maintaining South Carolina vehicle registration;
 4. Satisfying South Carolina resident income tax obligation. **Individuals claiming permanent residence in South Carolina are liable for payment of income taxes on their total income from the date that they established South Carolina residence. This includes income earned in another state or country.**
- B. Active duty members of the United States Armed Forces and their dependents are eligible to pay in state tuition and fees as long as they continuously claim South Carolina as their state of legal residence during their military service. **Documentation will be required in all cases to support this claim.** South Carolina residents who change their state of legal residence while in the military lose their South Carolina resident status for tuition and fee purposes.

62-607. Effect of Change of Residency.

- A. Notwithstanding other provisions of this section, any dependent person of a legal resident of this state who has been domiciled with his/her family in South Carolina for a period of not less than three years and whose family's domicile in this state is terminated immediately prior to his/her enrollment may enroll at the in state rate. Any dependent person of a legal resident of this state who has been domiciled with his/her family in South Carolina for a period of not less than three years and whose family's domicile in this state is terminated after his/her enrollment may continue to receive in state rates, however, a student must continue to be enrolled and registered for classes (excluding summers) in order to maintain eligibility to pay in state rates in subsequent semesters. Transfers within or between South Carolina colleges and universities of a student seeking a certificate, diploma, associate, baccalaureate, or graduate level degree does not constitute a break in enrollment.
- B. If a dependent or independent person voluntarily leaves the state, and information becomes available that would impact the existing residency status, eligibility for in state rates shall end on the last day of the academic session during which domicile is lost. Application of this provision shall be at the discretion of the institution involved. However, a student must continue to be enrolled and registered for classes (excluding summers) in order to maintain eligibility to pay in state rates in subsequent semesters.

62-608. Effect of Marriage.

- A. In ascertaining domicile of a married person, irrespective of gender, such a review shall be determined just as for an unmarried person by reference to all relevant evidence of domiciliary intent.
- B. If a non-resident marries a South Carolina resident, the non-resident does not automatically acquire South Carolina resident status. The non-resident may acquire South Carolina resident status if the South Carolina resident is an independent person and the non-resident is a dependent of the South Carolina resident.
- C. Marriage to a person domiciled outside South Carolina shall not be solely the reason for precluding a person from establishing or maintaining domicile in South Carolina and subsequently becoming eligible or continuing to be eligible for residency.
- D. No person shall be deemed solely by reason of marriage to a person domiciled in South Carolina to have established or maintained domicile in South Carolina and consequently to be eligible for or to retain eligibility for South Carolina residency.

62-609. Exceptions.

- A. Persons in the following categories qualify to pay in state tuition and fees without having to establish a permanent home in the state for twelve months. Persons who qualify under any of these categories must meet the conditions of the specific category on or before the first day of class of the term for which payment of in state tuition and fees is requested. The following categories apply only to in state tuition and do not apply to State supported scholarships and grants. Individuals who qualify for in state tuition and fees under the following exceptions do not automatically qualify for LIFE, SC HOPE or Palmetto Fellows Scholarships.
 - 1. "Military Personnel and their Dependents": Members of the United States Armed Forces who are permanently assigned in South Carolina on active duty and their dependents are eligible to pay in state tuition and fees. When such personnel are transferred from the State, their dependents may continue to pay in state tuition and fees as long as they are continuously enrolled. Such persons (and their dependents) may also be eligible to pay in state tuition and fees as long as they are continuously enrolled after their discharge from the military, provided they have demonstrated an intent to establish a permanent home in South Carolina and they have resided in South Carolina for a period of at least twelve months immediately preceding their discharge. Military personnel who are not stationed in South Carolina and/or former military personnel who intend to establish South Carolina residency must fulfill the twelve month "physical presence" requirement for them or their dependents to qualify to pay in state tuition and fees.
 - 2. "Faculty and Administrative Employees with Full Time Employment and their Dependents": Full time faculty and administrative employees of South Carolina state supported colleges and universities and their dependents are eligible to pay in state tuition and fees.
 - 3. "Residents with Full Time Employment and their Dependents:" Persons who reside, are domiciled, and are full time employed in the State and who continue to work full time until they meet the twelve month requirement and their dependents are eligible to pay in state tuition and fees, provided that they have taken steps to establish a permanent home in the State. Steps an independent person must take to establish residency in South Carolina are listed in Section 62-605 entitled ("Establishing the Requisite Intent to Become a South Carolina Domiciliary").
 - 4. "Retired Persons and their Dependents:" Retired persons who are receiving a pension or annuity who reside in South Carolina and have been domiciled in South Carolina as prescribed in the Statute for less than a year may be eligible for in state rates if they maintain residence and domicile in this State. Persons on terminal leave who have established residency in South Carolina may be eligible for in state rates even if domiciled in the State for less than one year if they present documentary evidence from their employer showing they are on terminal leave. The evidence should show beginning and ending dates for the terminal leave period and that the person will receive a pension or annuity when he/she retires.
- B. South Carolina residents who wish to participate in the Contract for Services program sponsored by the Southern Regional Education Board must have continuously resided in the State for other than educational purposes for at least two years immediately preceding application for consideration and must meet all other residency requirements during this two year period.

62-610. Application for Change of Resident Status.

- A. Persons applying for a change of resident classification must complete a residency application/petition and provide supporting documentation prior to a reclassification deadline as established by the institution.
- B. The burden of proof rests with those persons applying for a change of resident classification who must show required evidence to document the change in resident status.

62-611. Incorrect classification.

- A. Persons incorrectly classified as residents are subject to reclassification and to payment of all nonresident tuition and fees not paid. If incorrect classification results from false or concealed facts, such persons may be charged tuition and fees past due and unpaid at the out of state rate. The violator may also be subject to administrative, civil, and financial penalties. Until these charges are paid, such persons will not be allowed to receive transcripts or graduate from a South Carolina institution.
- B. Residents whose resident status changes are responsible for notifying the Residency Official of the institution of such changes.

62-612. Inquiries and Appeals.

- A. Inquiries regarding residency requirements and determinations should be directed to the institutional residency official.
- B. Each institution will develop an appeals process to accommodate persons wishing to appeal residency determinations made by the institution's residency official. Each institutions appeal process should be directed by that institutions primary residency officer, in conjunction with those individuals who practice the application of State residency regulations on a daily basis. The professional judgment of the residency officer and administrators will constitute the institutional appeal process. Neither the primary residency official nor appellate official(s) may waive the provisions of the Statute or regulation governing residency for tuition and fee purposes.

Application for Classification as a South Carolina Resident for Tuition Payment Purposes

APPLICATION INSTRUCTIONS AND NOTES

Please read this page in its entirety before completing the residency application.

1. If there is any question about a student's status as a legal resident of South Carolina, the student is responsible for proving entitlement to the fees afforded to legal residents of this state. The law applies to the student's own legal residence if the student is independent of one's parent, guardian, or spouse. If the student is claimed as a dependent for income tax purposes and received more than half of the financial support from a parent, guardian, or spouse, the law applies to the legal residence of the person providing the principle means of financial support.
2. **Winthrop University employees cannot exercise autonomy when rendering residency decisions. All decisions must comply with residency law and supporting regulations.** A list of frequently asked questions about South Carolina residency can be viewed online at the state's Web site:
www.che.sc.gov/CHE_Docs/StudentServices/Residency/Q&ASCR residency.pdf
3. The undergraduate residency officer and the registrar are the only university staff members who are authorized to provide information on South Carolina Residency Law.
4. The residency application should be completed, signed and returned to the appropriate office **along with the requested supporting documentation by the application deadline for the term for which the student is attempting to qualify to pay in-state tuition.**
Term Deadlines:
Fall - August 1
Spring - January 2
Summer - Two weeks before the first summer session of enrollment
5. Select on filing status for residency purposes (see the student form). A checklist with required documentation is enclosed, and the applicant should submit the documents indicated for the selected status. Required documentation for both the student and parent/guardian/spouse forms **MUST** accompany the application. Applications submitted without documentation will be considered incomplete until the required documents have been received. **University Residency Officers reserve the right to ask for additional documentation to verify the resident status for ANY applicant.**
6. Supportive documentation - as indicated by an asterisk (*) on the student and parent/guardian/spouse forms **MUST** accompany the application and documents **MUST** be provided by the applicant. Applications submitted without documentation will be considered incomplete until the required documents have been received. **DELETE BANK ACCOUNT INFORMATION AND SOCIAL SECURITY NUMBERS FROM ALL TAX FORMS.**
7. Completion of the parent/guardian/spouse form is required for all students under the age of 24. Please be advised that if guardianship or custodianship was created primarily for the purpose of conferring South Carolina domicile for tuition and fee purposes on a child or dependent person, it shall not be given consideration or recognition.
8. Residency decisions will be communicated in writing or email. Information on the status of the residency application can also be viewed online at **www.winthrop.edu/mychecklist** for all new undergraduate students.

Return the application forms and supporting documentation to:

**New Undergraduate Students
South Carolina Residency Officer**
Joynes Hall
Winthrop University
Rock Hill SC 29733
Telephone: 803/323-2191
800/946-8476
Fax: 803/323-4952

**All Continuing Students and New Graduate Students
Registrar**
126 Tillman Hall
Winthrop University
Rock Hill, SC 29733
Telephone: 803/323-2194
Fax: 803/323-4600

RESIDENCY APPLICATION CHECKLIST

NAME: _____ Winthrop ID Number: _____

COPIES OF DOCUMENTS REQUESTED BELOW MUST BE PROVIDED BY THE APPLICANT.

NOTES:

- 1 Completion of the Parent/Guardian/Spouse Form (along with supporting documentation) is required for undergraduates under the age of 24 or the application will be considered incomplete.
- 2 Documents (for the tax year preceding the year of initial enrollment) for parent(s), spouse or guardian should be submitted in support of the application for the dependent student and students under the age of 24 who assert independent status.
- 3 **DELETE BANK ACCOUNT INFORMATION AND SOCIAL SECURITY NUMBERS FROM ALL TAX FORMS.**
- 4 If asserting residency based upon a legal guardian, a copy of the court decree and social security numbers awarding guardianship should also be enclosed.

Select a filing status on the Student Form and submit the documentation for that status as listed below:

<p>Independent person who has physically resided and established a permanent home in South Carolina for at least 12 months immediately preceding the term for which residency is desired (SC Residency Law Section 62-603)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of valid South Carolina Driver's License or South Carolina Identification Card. <input type="checkbox"/> Copy of South Carolina vehicle registration (if applicable). <input type="checkbox"/> Copy of signed federal income tax return for the tax year preceding your enrollment (Please only provide copies of the primary federal return; i.e.: 1040, 1040A, 1040 EZ; supplemental forms are not required.) <input type="checkbox"/> Copy of signed state return for the tax year preceding your enrollment. Please only provide copies of the primary state return; i.e.: 1040, 1040A, 1040 EZ. Include SC Schedule NR if applicable. 	<p>Dependent of a person who has physically resided and established a permanent home in South Carolina for at least 12 months immediately preceding the term for which residency is desired (SC Residency Law Section 62-603)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of valid Driver's License or South Carolina Identification Card. <input type="checkbox"/> Copy of all vehicle registrations. <input type="checkbox"/> Copy of signed federal income tax return for the tax year preceding your enrollment (pages 1 and 2 only of Form 1040.) <input type="checkbox"/> Copy of signed state return for the tax year preceding your enrollment (pages 1-3). <i>Include SCHEDULE NR if applicable.</i>
<p>Person who is on active military duty</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of most current orders (if stationed in South Carolina). <input type="checkbox"/> Copy of most recent Leave and Earnings Statement if South Carolina is your Home State of Record. <input type="checkbox"/> Copy of the supplemental residency form for persons who are on active duty. <input type="checkbox"/> Copy of your parent or guardian's signed federal income tax return for the tax year preceding your enrollment if claiming dependent status (pages 1 and 2 only of Form 1040, 1040A, 1040 EZ. Do not submit supplemental federal tax forms.) <input type="checkbox"/> Copy of signed South Carolina state return for the tax year preceding your enrollment (if applicable). Please only provide copies of the primary state return; i.e.: 1040, 1040A, 1040 EZ. Include SC Schedule NR if applicable. 	<p>Person who has resided in South Carolina for less than 12 months and is retired or on terminal leave</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation of the beginning date of residence in South Carolina. Documentation can include a copy of the closing statement from the financial institution for persons who have purchased a home or the rental agreement for persons who are renting/leasing a home. <input type="checkbox"/> Copy of valid South Carolina Driver's License or South Carolina Identification Card. <input type="checkbox"/> Copy of all vehicle registrations. <input type="checkbox"/> Documentation of applicant's retirement or annuity benefit.
<p>Independent or dependent person who has resided in South Carolina for less than 12 months who is employed full-time in South Carolina</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation of the beginning date of residence in South Carolina. Documentation can include a copy of the closing statement from the financial institution for persons who have purchased a home or the rental agreement for persons who are renting/leasing a home. <input type="checkbox"/> Copy of valid South Carolina Driver's License or South Carolina Identification Card. <input type="checkbox"/> Copy of all vehicle registrations. Must submit ALL vehicles registered solely or jointly in ANY state. <input type="checkbox"/> Letter from employer on company letterhead which states: 1) the effective date of employment; 2) total number of hours worked per week; 3) whether the person is considered to be a full- or part-time employee; and 4) specify when employment will end (if indefinite, so state). If the employer's headquarters is located outside of South Carolina, we will also need documentation to confirm that South Carolina income tax is being deducted. <input type="checkbox"/> Copy of your signed federal income tax return for the most recent tax year if claiming independent status (pages 1 and 2 only.) <p>OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of your parent or guardian's signed federal and state income tax return for the tax year preceding your enrollment if claiming dependent status (pages 1 & 2 only of Form 1040, 1040A, 1040 EZ. Do not submit supplemental federal tax forms.) 	

Application for Classification as a South Carolina Resident for Tuition and Fee Purposes

STUDENT FORM

PART I - FILING STATUS

(SELECT ONLY ONE and submit the requested documentation listed on the attached checklist)

1. I am an **independent person** who has physically resided and established a permanent home in South Carolina for at least 12 months immediately preceding the term for which I am requesting resident status.
2. I am the dependent of the person indicated below who has physically resided and established a permanent home in South Carolina for at least 12 months immediately preceding the term for which I am requesting resident status.
- My parent (provide name) _____.
 - My spouse (provide name) _____.
 - My other relative (provide name) _____ Relationship _____.
3. I am requesting resident status on the basis of (check one):
- I am...
 - My parent (provide name) _____ is ...
 - My spouse (provide name) _____ is ...
 - My other qualified relative (provide name) _____ Relationship _____ is ...
- a full-time employee in the state of South Carolina who has been domiciled in the state for less than 12 months.**
4. I am requesting resident status on the basis of (check one):
- I am...
 - My parent (provide name) _____ is ...
 - My spouse (provide name) _____ is ...
 - My other qualified relative (provide name) _____ Relationship _____ is ...
- on active military duty and stationed in South Carolina OR South Carolina is the official Home of Record.**
5. I am requesting resident status on the basis of (check one):
- I am...
 - My parent (provide name) _____ is ...
 - My spouse (provide name) _____ is ...
 - My other qualified relative (provide name) _____ Relationship _____ is ...
- a person who has been domiciled in the state for less than 12 months and is retired or on terminal leave.**

PART II - STUDENT INFORMATION

1. Name: _____
Last First Middle Jr., etc.
2. Winthrop ID Number: _____ (see admission letter)
3. Marital Status: Single Married Divorced Widowed Date of Marriage (mm/dd/yyyy): _____
4. Date of Birth (mm/dd/yyyy): _____ Age: _____
5. Citizenship status:
- US Citizen
 - US Permanent Resident (REQUIRED: attach a copy of both sides of your permanent resident card)
 - Foreign, Citizen of _____ (REQUIRED: attach a copy of your VISA)
 - Deferred Action for Childhood Arrivals
6. Permanent Street Address: _____
City, State, ZIP code: _____
7. Permanent Telephone Number: (_____) _____ Other Number, if applicable: (_____) _____
8. a) Date you claim permanent residence in South Carolina began: Month/Day/Year _____
b) Where do you expect to live in the future? _____
9. What was your housing status for the previous tax year?
- Homeowner
 - Rent
 - Resided in campus housing
 - Other _____

10. Do you currently have any student loans? Yes No If yes, from which state(s)? _____

11. Do you have a valid driver's license or state identification card? Yes No If yes, for which state? _____

Is your license new or a renewal of a previously issued license? New Renewal - original date of issue: _____

(REQUIRED: If yes, attach a copy of your driver's license or state identification card.)

12. Do you operate a motor vehicle? Yes No

If yes, who is the owner? _____ Relationship to you? _____

(REQUIRED: If yes, please attach a copy of the motor vehicle registration for each vehicle that you own.)

13. Provide information on the last secondary (high or preparatory) school that you attend (if currently enrolled) or attended (if you have graduated.)

High School Name	City and State	From (month/year)	To (month/year)
_____	_____	_____	_____

14. Provide information on the last college or university that you attend (if currently enrolled) or attended (if not currently enrolled.)

College/University Name	City and State	Last Date of Attendance	Did you receive in-state tuition? (Yes/No)
_____	_____	_____	_____

PART III - FINANCIAL INFORMATION

1. List all sources and percentages of support for the tax year immediately preceding the year in which in-state status is requested:

Personal _____% Spouse _____% Student Financial Aid _____%

Parents/Guardians _____% VA Benefits _____% Other Sources (specify) _____%

If you are financially independent, for how long? Since (month) _____ (year) _____

2. Provide employment information below for the last 12 months beginning with current or most recent employment:

Employer Name	Address/City/State	From (month/year)	To (month/year)	Hours per week
a) _____	_____	_____	_____	_____
b) _____	_____	_____	_____	_____
c) _____	_____	_____	_____	_____

(REQUIRED: If you are an independent person who has lived in South Carolina for less than 12 months who is asserting residency on the basis of full-time employment in South Carolina, please submit a letter from the employer on company letterhead which states:

- 1) the effective date of employment;
- 2) the total number of hours worked per week;
- 3) whether you are considered to be a full- or part-time employee; and
- 4) specify when employment will end (if indefinite, so state).
- 5) If the employer's headquarters is located outside of South Carolina, we will also need documentation to confirm that South Carolina income tax is being deducted.

3. Are you on active military duty? Yes No

If yes, where are you currently stationed? _____

What is your State of Legal Residence? _____

(REQUIRED: If you are an independent student who is asserting residency on the basis of active military duty, submit a copy of your recent orders or leave and earnings statement.)

PART IV - FEDERAL AND STATE INCOME TAX RETURN INFORMATION

PLEASE READ CAREFULLY

- **If asserting status as a dependent person**, please attach a signed copy of your parent/guardian or spouse's federal and state income tax returns for the most recent tax year.
- **If asserting status as an independent person**, please attach a signed copy of your federal and state income tax returns for the most recent tax year.)
- **If asserting residency status as the child of a parent who resides in South Carolina but does not claim the student as a dependent on the federal income tax return**, please attach a signed copy of that parent's state income tax return for the most recent tax year, a copy of the court decree that awards sole or joint custody and copies of that person's driver's license and motor vehicle registration.

1. Term you wish to enroll: Spring Summer Fall Year: _____

2. Information for the current tax year:

a) Your federal income tax return status for the current tax year was or will be:

I was or will be claimed as a dependent by (check one):

Father and Mother Father Mother Legal Guardian Other - Relationship _____

I am 24 or older and filed or will file a return as an independent filer.

I am younger than 24 and filed a return as an independent person. (Note: completion of #4 is required.)

I am married and my filing status was or will be married filing separate.

I filed or will file a joint return with my spouse.

No one claimed or will claim me as a dependent for federal income tax purposes and I did not/will not file a separate return as an independent filer. (Note: completion of #4 is required.)

b) For the person(s) checked in 2a, a state return was or will be filed for which state? _____

If a state return was or will be filed for SC, what was or will be the filing status for the current tax year?

Resident Non-Resident Part-year Resident Did not/will not file a SC state return

3. Information for the previous tax year:

a) Were you claimed as a tax dependent for federal and state income taxes for the previous tax year?

I was or will be claimed as a dependent by (check one):

Father and Mother Father Mother Legal Guardian Other - Relationship _____

I am 24 or older and filed a return as an independent filer.

I am younger than 24 and filed a return as an independent person. (Note: completion of #4 is required.)

I am married and my filing status was married filing separate.

I filed a joint return with my spouse.

No one claimed me as a dependent for federal income tax purposes and I did not file a separate return as an independent filer. (Note: completion of #4 is required.)

b) For the person(s) checked in 3a, a state return was filed for which state? _____

If a state return was filed for SC, what was the filing status for the previous tax year?

Resident Non-Resident Part-year Resident Did not file a SC state return

4. If you are under the age of 24 and assert that no one claimed you as a dependent for tax purposes for the current or previous tax year, please provide an explanation below. (NOTE: Submission of the Parent or Guardian/Spouse Form is required for ALL applicants who are under the age of 24. Parent/guardian/spouse documentation will also be required.)

SIGNATURE AND ACKNOWLEDGMENT

* **I hereby certify that the information provided on this application is accurate, complete and without omission.**

* **Any willful misrepresentations of fact in an attempt to gain residency improperly will result in out-of-state tuition and fees past due and unpaid to be charged to the student's account.**

Student Signature _____ Date _____

Parent/Guardian/Spouse Signature _____ Date _____

Parent Form

(Information on the biological or adoptive parents is required for all persons under the age of 24.)

Name of student: _____

Winthrop ID _____

NOTES:

1. Documentation is required for all items indicated with an asterisk (**) and copies must be provided by the applicant.
2. Copies of tax returns for the most recent tax year should be submitted. **DELETE BANK ACCOUNT INFORMATION.**
3. If parents are divorced or separated, documentation should be provided for the parent who lives in South Carolina and has custody or claims the student as a dependent on his/her federal income tax returns.

1. Father's Information living deceased

Name _____

2. Mother's Information living deceased

Name _____

3. Are your parents separated or divorced? Yes No (If yes, who has/had custody of the children? Mother Father Joint Custody)

	FATHER'S INFORMATION	MOTHER'S INFORMATION
4. Current address (do not use PO Box number)		
City, State, ZIP code		
5. Dates of residence in the state named in #4.	from: ____/____/____ to: ____/____/____ month/day/year month/day/year	from: ____/____/____ to: ____/____/____ month/day/year month/day/year
6. Previous address (if residence in #5 is less than 18 months)		
City, State, ZIP code		
7. Dates of residence in the state named in #6.	from: ____/____/____ to: ____/____/____ month/day/year month/day/year	from: ____/____/____ to: ____/____/____ month/day/year month/day/year
8. Citizenship status: Provide a copy of the permanent resident card or Visa if applicable.	<input type="checkbox"/> US Citizen <input type="checkbox"/> US Permanent Resident ** <input type="checkbox"/> Foreign Citizen with a valid Visa **	<input type="checkbox"/> US Citizen <input type="checkbox"/> US Permanent Resident ** <input type="checkbox"/> Foreign Citizen with a valid Visa **
9. Driver's license issued for which state? **	State: _____	State: _____
10. Number of vehicles registered in this person's name:**	Vehicles: _____ Provide copies of all vehicle registrations.	Vehicles: _____ Provide copies of all vehicle registrations.
11. Please provide income tax information for the current tax year . ** A copy of pages 1 and 2 of the federal form and a copy of the state return are required.	<input type="checkbox"/> Yes <input type="checkbox"/> No The student was or will be claimed as a dependent on my federal income. Tax Year: _____ State: _____ My state filing status: <input type="checkbox"/> resident <input type="checkbox"/> non-resident <input type="checkbox"/> part-year resident	<input type="checkbox"/> Yes <input type="checkbox"/> No The student was or will be claimed as a dependent on my federal income. Tax Year: _____ State: _____ My state filing status: <input type="checkbox"/> resident <input type="checkbox"/> non-resident <input type="checkbox"/> part-year resident
12. Please provide income tax information for the previous tax year .	<input type="checkbox"/> Yes <input type="checkbox"/> No The student was claimed as a dependent on my federal income tax return Tax Year: _____ State: _____ My state filing status: <input type="checkbox"/> resident <input type="checkbox"/> non-resident <input type="checkbox"/> part-year resident	<input type="checkbox"/> Yes <input type="checkbox"/> No The student was claimed as a dependent on my federal income tax return Tax Year: _____ State: _____ My state filing status: <input type="checkbox"/> resident <input type="checkbox"/> non-resident <input type="checkbox"/> part-year resident
13. If student is no longer claimed as a dependent, provide the last tax year student was claimed as a dependent for federal taxes. **	Tax Year: _____ For the year above, a state tax return was filed as a resident of which state: _____	Tax Year: _____ For the year above, a state tax return was filed as a resident of which state: _____
14. Employment Information	Father's Employer	Mother's Employer
Employer's City and State	_____	_____
Full or part-time?	<input type="checkbox"/> full-time <input type="checkbox"/> part-time	<input type="checkbox"/> full-time <input type="checkbox"/> part-time
Initial date of employment	month _____ year _____	month _____ year _____
15. Active military duty? If yes, list current duty station and home of record and provide a copy of your most recent orders and your military leave and earnings statement. **	<input type="checkbox"/> Yes <input type="checkbox"/> No current duty station _____ State of Legal Residence _____	<input type="checkbox"/> Yes <input type="checkbox"/> No current duty station _____ State of Legal Residence _____

Guardian or Spouse Form

(To be completed if claim to residency for tuition purposes is based upon a legal guardian or spouse.
Parent information on the reverse side of this form must also be provided.)

Name of student: _____

Winthrop ID _____

Claim to residency based upon (check one): Legal Guardian Spouse Date of Marriage: _____

NOTES:

1. Documentation is required for all items indicated with an asterisk (**) and copies must be provided by the applicant.
2. Copies of tax returns for the most recent tax year should be submitted. **DELETE BANK ACCOUNT INFORMATION.**
3. **Legal Guardian:** Information and documentation should be provided for the person who claimed the student as a dependent on his/her federal income tax return for the most recent tax year. Note that for classification of residency for in-state tuition purposes, the definition of legal guardian can include the person who claims the student as a dependent.
4. **Spouse:** spouse's information should be provided if the residency application is based upon the student's spouse.

	LEGAL GUARDIAN'S INFORMATION	SPOUSE'S INFORMATION
1. Name		
2. Current address (do not use PO Box number)		
City, State, ZIP code		
3. Dates of residence in the state named in #2.	from: ____/____/____ to: ____/____/____ month/day/year month/day/year	from: ____/____/____ to: ____/____/____ month/day/year month/day/year
4. Previous address (if residence in #2 is less than 18 months)		
City, State ZIP code		
5. Dates of residence in the state named in #4.	from: ____/____/____ to: ____/____/____ month/day/year month/day/year	from: ____/____/____ to: ____/____/____ month/day/year month/day/year
6. Citizenship status: Provide a copy of the permanent resident card or VISA if applicable.	<input type="checkbox"/> US Citizen <input type="checkbox"/> US Permanent Resident ** <input type="checkbox"/> Foreign Citizen with a valid Visa **	<input type="checkbox"/> US Citizen <input type="checkbox"/> US Permanent Resident ** <input type="checkbox"/> Foreign Citizen with a valid Visa **
7. Driver's license issued for which state? **	State: _____	State: _____
8. Number of vehicles registered in this person's name. **	Vehicles: _____ Provide copies of all vehicle registrations.	Vehicles: _____ Provide copies of all vehicle registrations.
9. Please provide income tax information for the current tax year . ** A copy of pages 1 and 2 of the federal form and a copy of the state return are required.	<input type="checkbox"/> Yes <input type="checkbox"/> No The student was or will be claimed as a dependent on my federal income tax return. Tax Year: _____ State: _____ My state filing status: <input type="checkbox"/> resident <input type="checkbox"/> non-resident <input type="checkbox"/> part-year resident	<input type="checkbox"/> Yes <input type="checkbox"/> No I filed a joint return with my spouse. Tax Year: _____ State: _____ My state filing status: <input type="checkbox"/> resident <input type="checkbox"/> non-resident <input type="checkbox"/> part-year resident
10. Please provide income tax information for the previous tax year .	<input type="checkbox"/> Yes <input type="checkbox"/> No The student was claimed as a dependent on my federal income tax return. Tax Year: _____ State: _____ My state filing status: <input type="checkbox"/> resident <input type="checkbox"/> non-resident <input type="checkbox"/> part-year resident	<input type="checkbox"/> Yes <input type="checkbox"/> No I filed or will file a joint return with my spouse. Tax Year: _____ State: _____ My state filing status: <input type="checkbox"/> resident <input type="checkbox"/> non-resident <input type="checkbox"/> part-year resident
11. If student is no longer claimed as a dependent, provide the last tax year student was claimed as a dependent for federal taxes. **	Tax Year: _____ For the year above, a state tax return was filed as a resident of which state: _____	Tax Year: _____ For the year above, a state tax return was filed as a resident of which state: _____
12. Employment Information	Employer _____	Employer _____
Employer's City and State		
Full or part-time?	<input type="checkbox"/> full-time <input type="checkbox"/> part-time	<input type="checkbox"/> full-time <input type="checkbox"/> part-time
Initial date of employment	month _____ year _____	month _____ year _____
13. Active military duty? If yes, list current duty station and home of record and provide a copy of your most recent orders and your military leave and earnings statement. **	<input type="checkbox"/> Yes <input type="checkbox"/> No current duty station _____ State of Legal Residence _____	<input type="checkbox"/> Yes <input type="checkbox"/> No current duty station _____ State of Legal Residence _____