

GRADUATE/PROFESSIONAL NC RESIDENCY CERTIFICATION

Student Name: _____ Student ID Number: P _____
Degree Program: _____ Date of Birth: _____

HIGH SCHOOL INFORMATION

High School Name: _____ Year of HS Graduation: _____
HS City, State: _____

NORTH CAROLINA RESIDENCY DATA

Current Permanent Physical Address (PO Boxes cannot be used):

Street Address: _____
City, State, Zip: _____

Date you became a legal NC resident (This is your date of birth if born in NC and never claimed residency in another state):

Date: _____

Current U.S. Citizenship Status:

- ☐ U.S. Citizen
☐ Eligible Non-Citizen with Alien ID Number: A _____
☐ Non-Citizen

Driver's License Information:

State Issued: _____
Number: _____
Date Issued: _____

Selective Service Registration:

- ☐ I am a female and not required to register with the Selective Service
☐ I am a male and **have** registered with the Selective Service
☐ I am a male and **have not** registered with the Selective Service

STUDENT SIGNATURE & SUBMISSION OPTIONS

The information provided on this certification is complete and accurate. I authorize the school to provide NCSEAA with the information on this form and to verify my grant eligibility. My eligibility, as well as the award amount, is subject to North Carolina statutes regarding the FELS program or other state grants, and the availability of grant funds.

Student Signature: _____ Date: _____
(DO NOT PRINT OR TYPE YOUR NAME)

You can return your completed form via email, fax, or mail. **Please note:** emailed documents must be encrypted to ensure your privacy; instructions can be found under the "Policies and Procedures" tab online at <https://www.wingate.edu/admissions/financial-aid/forms-and-policies>.

Mail: Wingate University / Office of Student Financial Planning / PO Box 159 / Wingate NC 28174

Fax: 704-233-9396

Email: finaiddocs@wingate.edu

W I N G A T E

