DECLARATION OF STATE RESIDENCY

Please complete this form and return it to the Otterbein College Office of Financial Aid.

Check one of the following statements:

_____ I certify that I qualify as a resident of Ohio for State of Ohio Grant and Scholarship programs for Higher Education. (Ohio Student Choice Grant, Ohio College Opportunity Grant, Ohio Instructional Grant, Part-time Student Instructional Grant, Ohio Academic Scholarship, Ohio War Orphans Scholarship). For these purposes the state of Ohio classifies a resident as:

A dependent student, at least one of whose parents has been a legal resident of the state of Ohio for all other legal purposes for twelve consecutive months or more immediately preceding the enrollment of the student.

A person who has been a resident of Ohio for at least twelve consecutive months immediately preceding his or her enrollment and who is not receiving, and has not directly or indirectly received in the preceding months, financial support from persons or entities who are not residents of Ohio for all other legal purposes.

Additional criteria regarding residency may be required.

___/___ Student’s Date of Residence – The month and year you became a resident of the state. You may use your date of birth as the date of legal residence.

___/___ Parent’s Date of Residence – The month and year you became a resident of the state. Residency is your true, fixed and permanent home. You may use your date of birth as the date of legal residence.

_____ I certify that I am not a resident of Ohio.

Certification – Everyone providing information on this form must sign below.

I certify that all the information provided on this form is true and complete. If requested, I agree to provide proof of residency.

Student (Print) _________________________________ Student Social Security # __________________

Student Signature _____________________________ Student’s Spouse________________________

Parent Signature ________________________________ Date Completed __ __ / __ __ / __ __