

**Rollins**  
**Financial Aid Office**  
1000 Holt Ave - 2721, Winter Park, FL 32789  
Email: [finaid@rollins.edu](mailto:finaid@rollins.edu) Phone: (407) 646-2395 Fax: (407) 646-2173

**Florida Residency Affidavit**

**Florida Residency Conditions**

The Florida Legislature has established student aid programs for Florida residents who attend institutions in the state of Florida. For the purpose of determining eligibility for state financial assistance and tuition subsidy programs, a Florida "resident for tuition purposes or Florida financial aid programs" is a person who has, or a dependent whose parent or legal guardian has, established and maintained legal residence in Florida for at least 12 months. Residence in Florida must be for the purpose of establishing a permanent home. Students who are less than 24 years of age or who depend on out-of-state parents for support are presumed to be legal residents of the same state as their parents. Please visit [www.rollins.edu/finaid](http://www.rollins.edu/finaid) for the Florida residency requirements and exceptions.

**Florida financial aid programs you may be eligible to receive:**

**Florida Resident Access Grant (FRAG)** – The FRAG provides tuition assistance to full-time students who meet Florida State residency requirements. Funds for the support of the FRAG are contingent each year upon the appropriations made available by the Florida Legislature. Applications received past the deadline may not be funded.

**Fall Deadline: October 1<sup>st</sup>**

**Spring Deadline: February 1<sup>st</sup>**

**Florida Student Assistance Grant (FSAG)** - The Florida Student Assistance Grant (FSAG) Program is a need-based grant program available to degree-seeking, resident, undergraduate students who demonstrate substantial financial need. The student will demonstrate financial need by completing the *Free Application for Federal Student Aid* (FAFSA) in time to be processed error free by the College.

**Florida Bright Futures Scholarship** – The Florida Bright Futures Scholarship Program is comprised of the following three awards. Please select the program you are eligible to receive (visit <http://www.floridastudentfinancialaid.org/SSFAD/factsheets/BF.htm> for more information):

- Florida Academic Scholars (FAS)    Florida Medallion Scholars (FMS)    Florida Gold Seal Vocational Scholars (GSV)

**For other Florida Programs, visit <http://www.floridastudentfinancialaid.org/SSFAD/home/ProgramsOffered.htm>. If you qualify for Florida programs other than the FAS, FMS, or GSV, please list name of program: \_\_\_\_\_**

**Step 1 Student General Information** (Please complete all four steps and return with appropriate document)

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

Student contact number \_\_\_\_\_ Parent contact number (if Dependent) \_\_\_\_\_

Date of Birth \_\_\_\_\_ High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduation Date \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

**Step 2 Initial Eligibility Requirements to Receive Funding:**

I certify the following (*you MUST complete each box by placing a check mark next to each statement that applies*):

\_\_\_\_\_ I am a U. S. Citizen

**OR**

\_\_\_\_\_ I am an eligible non-citizen.

**Please attach a copy of your alien registration card or Visa.**

\_\_\_\_\_ I have not **previously** earned a bachelor's degree.

**AND**

\_\_\_\_\_ I am not in default on any educational loan and do not owe a repayment on a state or federal grant.

Selective Service Status:

\_\_\_\_\_ I am registered with the Selective Service.

**OR**

\_\_\_\_\_ I am not required to be registered with Selective Service because (check one):

\_\_\_\_\_ I am female.

\_\_\_\_\_ I am in the armed services on active duty.

\_\_\_\_\_ Other: \_\_\_\_\_

### Step 3 Residency Claimant Information

#### Dependent

\*If you're under 24, you're dependent – dependent means any person, whether or not living with his or her parent, who is eligible to be claimed by his or her parent as a dependent under the federal income tax code.

\*If you are a dependent student then your parent or legal guardian is the claimant.

\*\* *Have parent complete step 4*

#### Independent

\*If you are over 24, you are independent.

\*You may also be considered independent if you are married, you have a child or other dependent as defined by the federal tax code, your parents are deceased and you are or were until age 18 a ward of the court, or you are considered independent based on the FAFSA. **Include copy of documents with this application.**

\*\* *Student MUST complete step 4*

### Step 4 \*\*Person claiming residency MUST complete the following section in full.\*\*

Residency Claimant Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Permanent address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Contact number \_\_\_\_\_ Date claimant began establishing legal Florida residence: \_\_\_\_\_  
(MM/DD/YYYY)

**\*You must submit copies of two documents, at least one from the First Tier.** Incomplete applications or applications without the appropriate copies of documents will not be processed.

All documents supporting the establishment of legal residence **must be dated, issued, or filed 12 months preceding the first day of classes of the term for which Florida residency is sought.** (Ex: If your first day of classes is August 22, 2011 – your documents' date of issue must be prior to Aug 21, 2010) **Please check the box next to the documents the Claimant will be submitting.**

<b>First Tier</b> (at least one of the two documents submitted must be from this list)	<b>Second Tier</b> (may be used in conjunction with one document from First Tier)
<input type="checkbox"/> Florida Driver's License or State of Fl. ID Card-issue date: _____	<input type="checkbox"/> A Florida professional or occupational license
<input type="checkbox"/> Florida Voter's Registration documents	<input type="checkbox"/> Florida incorporation
<input type="checkbox"/> Proof of permanent full-time employment in Florida Ex: A signed statement from employer, on company letterhead, that includes date of employment and number of hours worked per week.	<input type="checkbox"/> Proof of membership in a Florida-based charitable or professional organization
<input type="checkbox"/> Proof of purchase of a permanent home in Florida that is occupied as the primary residence of the claimant (Proof of Homestead Exemption)	<input type="checkbox"/> Declaration of domicile in Florida issued at least 12 months prior to the first day of classes of the term for which Florida residency is sought.
<input type="checkbox"/> Student's transcripts from a Florida high school for multiple years if earned within the last 12 months	<input type="checkbox"/> Utility bills <b>and</b> proof of 12 consecutive months of payments
<input type="checkbox"/> Benefit histories from Florida agencies or public assistance programs	<input type="checkbox"/> Lease agreement <b>and</b> proof of 12 consecutive months of payments
<input type="checkbox"/> Florida vehicle registration form - issued date: _____	<input type="checkbox"/> State or court documents evidencing legal ties to Florida
<input type="checkbox"/> Copy of Florida Prepaid Contract or Participation and payment schedule	

Please visit [www.rollins.edu/finaid](http://www.rollins.edu/finaid) for a complete list of exceptions. (Ex: Active duty military, Florida Dept of Ed full time employees)

I do hereby swear or affirm that the above-named student meets all requirements for classification as a Florida resident for tuition or Florida financial aid programs. I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06, Florida Statutes and to FBOE Rule 6C-7.005 F.A.C. Intentional falsification of information shall result in the denial of any pending application and revocation of any award currently held to the extent that no further payments shall be made.

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

Claimant Signature \_\_\_\_\_ Date \_\_\_\_\_

Email this form and your documents to [finaid@rollins.edu](mailto:finaid@rollins.edu) or mail to Rollins, 1000 Holt Ave - 2721, Winter Park, FL 32789

For office use only: \_\_\_\_\_