

REQUEST FOR TENNESSEE RESIDENCY CERTIFICATION BY THE TENNESSEE HIGHER EDUCATION COMMISSION

Please complete this application and mail or bring to: Meharry Medical College, Office of Student Financial Aid,
1011 21st Avenue, N, Cal Turner Center, Nashville, TN 37208-3501

****YOU MUST ATTACH ALL REQUESTED INFORMATION OR APPLICATION WILL NOT BE ACCEPTED****

Institution: MEHARRY MEDICAL COLLEGE
Type of Academic Program: _____ MEDICINE _____ DENTISTRY
Program Type: TENNESSEE BLACK CONDITIONAL GRANT (TCG)
Term of Initial Entry Into Program: _____ Fall _____ Spring
Year of Initial Entry Into Program: _____

Name: _____
Last First MI

Address: _____
Number and Street City State Zip

Telephone Number: _____ **SSN:** _____

Driver's License: _____
State Driver's License Number

Please attach a photocopy of both sides of your Driver's License to this application.

Domicile:

"Domicile" means a person's true, fixed and permanent home and place of habitation; it is the place where he/she intends to remain and to which he/she expects to return when he/she leaves without intending to establish a new domicile elsewhere.

Have you resided in Tennessee continuously since birth? _____ Yes _____ No

If **NO**, what the most recent date that you began to reside continuously in Tennessee to the present date?

Month Day Year

Address at time you began your most recent domicile: _____
Street City State Zip

If you have not lived in Tennessee continuously since birth, why did you move to Tennessee?

Did you move to Tennessee in anticipation of attending school here? _____ Yes _____ No

Is Tennessee your current domicile? _____ Yes _____ No

EDUCATION:

High Schools Attended:

Name of School	City and State	Dates Attended

Colleges /Universities Attended:

Name of School	City and State	Dates Attended

Past 12 Months History:

During the past twelve months prior to the date of this application, list your place(s) of residence and primary activity (e.g. school attended, place of work, etc.) If more space is needed, attach a separate sheet of paper to this application.

Month	Residence	Major Activity

Have you ever been classified as an in-state resident by a state-supported higher educational institution in Tennessee? _____ Yes _____ No

If **YES**, give details:

CITIZENSHIP:

Are you a citizen of the United States? _____ Yes _____ No

If **NO**, what is your status in this country (e.g. type of visa):

Are you registered to vote? _____ Yes _____ No

If **YES**, in what state are you registered to vote? _____

Attach photocopy of voter's registration card.

Have you filed a state or federal income tax form for the previous year? _____ Yes _____ No

If **YES**, what address was given as residence?

Attach photocopy of address section of tax form

FINANCIAL SUPPORT:

Are you presently employed? _____ Yes _____ No If **YES**, give employer's address:

Street City State Zip

Dates of employment by above employer: _____

Number of hours worked per week for employer: _____

List other sources from which you received more than approximately 10% of your financial support or income during the past twelve months.

MARITAL STATUS (OPTIONAL):

If married, has spouse been domiciled in Tennessee continuously since birth? _____ Yes _____ No
If **NO**, when did spouse begin his/her most recent domicile in Tennessee? _____

For what reason did spouse come to Tennessee to establish the most recent domicile?

Is spouse employed full-time in Tennessee? _____ Yes _____ No

How long has spouse been in present position? _____

PARENTAL INFORMATION:

(Complete this section ONLY if one or both parents claim you as a dependent on Federal Tax return)

Father's Name: _____

Father's Address: _____

Mother's Name: _____

Mother's Address: _____

If your parent(s) or guardian is not presently domiciled in Tennessee, has he/she previously been domiciled in Tennessee? _____ Yes _____ No If **YES**, give previous address.

Street City State Zip

Dates of previous domicile: _____

Did either parent or guardian claim you as a dependent on his/her most recent income tax return? ___ Yes ___ No

OTHER INFORMATION:

Are you currently in active military service? _____ Yes _____ No

If **YES**, from what state did you enter the military service? _____

Do you own an automobile? _____ Yes _____ No

If **YES**, in what state is your automobile registered? _____

Attach photocopy of automobile registration

Do you own the dwelling in which you live? _____ Yes _____ No

If **YES**, date of purchase? _____

Have you been classified for tuition or fee purposes as an in-state resident of any other state?

_____ Yes _____ No

If **YES**, please give details: _____

Provide any further information, which you wish to offer in support of your application on a separate sheet of paper.

APPLICANT SIGNATURE:

I, _____, swear or affirm under penalty of perjury under the laws of the state of Tennessee that the above information is true and complete and that: (check one)

_____ I am a United States citizen, or

_____ I am an alien lawfully present in the United States

I understand that this statement is required by Tennessee law because I have applied for a public benefit. I understand that Tennessee law requires me to provide documentation verifying the status indicated above prior to receipt of this public benefit. I understand that knowingly and willfully making a false, fictitious, or fraudulent statement or representation shall subject me to liability under the Tennessee False Claims Act, Tennessee Code Annotated 4-18-101 et seq. I understand that if I am found to have made a false or misleading statement, my admission may be rescinded or I may be disciplined by Meharry Medical College.

Applicant Signature

Date

Note to applicants regarding benefits under the terms of the Contract:

Inaccurate representations can be cause for withdrawal of benefits and other penalties.

PLEASE DO NOT WRITE BELOW THIS LINE.

Residence Determination: _____ **Tennessee Resident** _____ **Non-Resident**

Certification Official: _____
Name Date