

# REQUEST FOR CERTIFICATION OF U.S. CITIZENSHIP/ TENNESSEE RESIDENCY FOR TENNESSEE HIGHER EDUCATION COMMISSION PROGRAMS

---

Please complete this application and mail or bring to: Meharry Medical College, Office of Student Financial Aid, 1011 21<sup>st</sup> Avenue, N., Turner Center, Suite 120, Nashville, TN 37208

---

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

**Institution:** MEHARRY MEDICAL COLLEGE

**Type of Academic Program:** \_\_\_\_\_ MEDICINE \_\_\_\_\_ DENTISTRY

**Program Type** (*circle one*): \_\_\_\_\_ THEC State Grant \_\_\_\_\_ TN 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:** \_\_\_\_\_ **M#:** \_\_\_\_\_

**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” shall mean 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 a photocopy of voter's registration card**

Have you filed 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 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 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 and I may have to make restitution for the financial aid I have received from the State of Tennessee.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**PLEASE DO NOT WRITE BELOW THIS LINE.**

---

**Eligibility Determination:** \_\_\_\_\_ **U.S. Citizen** \_\_\_\_\_ **Tennessee Resident** \_\_\_\_\_ **Not Eligible**

**Certification Official:** \_\_\_\_\_  
Name Date