



**SNEAD STATE  
COMMUNITY COLLEGE**  
PO Box 734, Boaz, AL 35957



## Residency Appeal to Document Substantial Connections to the State of Alabama

Student's Name: \_\_\_\_\_

A Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

This form may be completed by applicants/students that may qualify for a military waiver or those who have not lived in Alabama more than 12 months but can prove stronger connections to the State of Alabama than with any other state. **Documentation must accompany this appeal.** Note that residency status cannot be attained in Alabama simply by living in Alabama for 12 or more months for the sole purpose of attending college in Alabama.

Check the grounds for your residency appeal.

- I graduated from an Alabama high school or received a GED in the State of Alabama within three (3) years of my application date.
- I am a military Veteran or a student who is receiving Veteran's benefits to attend Snead State Community College.
- I certify that I possess substantial connections with the State of Alabama. Check all that apply:
  - Payment of Alabama State income taxes as a resident.
  - Voter registration card in the State of Alabama
  - Ownership of a residence or other real property in the state and payment of ad valorem taxes
  - Full-time, permanent employment in the state (self, spouse, supporting person)
  - In-state address (street address, not PO Box) shown on driver's license, insurance policies, automobile title registration, checking or savings accounts, hunting and fishing licenses, insurance policies, stock and bond registrations, Last Will and Testament, annuities, or retirement plan investment accounts. Note: must provide multiple sources of documentation verifying substantial connections to Alabama if this box is checked.

**Documentation must be attached to this form that verifies the above claims.**

By signing below, I certify that the information contained in this residency appeal is true and accurate. I attest that I meet the residency requirements as stipulated in *Code of Alabama, Title 16, Education § 16-64-3*. I understand that the burden of proof rests on me (the applicant/student).

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

**This form and attachments are to be turned into the Admissions Office located in Suite 227 of the McCain Success Center or may be emailed to [admissions@snead.edu](mailto:admissions@snead.edu).**

It is the policy of the Alabama Community College System and Snead State Community College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied benefit of, or be subjected to discrimination under any program, activity, or employment.