



Art Academy of Cincinnati  
1212 Jackson Street  
Cincinnati, OH 45202

## HISTORY OF RESIDENCE FOR THE PRECEDING 24 MONTH PERIOD & SELECTIVE SERVICE FOR OHIO RESIDENTS ONLY

(Please print)

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

DATE PRESENT ADDRESS ESTABLISHED (Month, Year) \_\_\_\_\_ U.S. CITIZEN:  Yes  No

HOW LONG HAVE YOU LIVED IN THE STATE OF OHIO? FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(MO & YR) (MO & YR)

- If parents are divorced and either parent lives in the state of Ohio you are considered an Ohio resident.

NAME OF LIVING PARENTS OR LEGAL GUARDIAN \_\_\_\_\_

THEIR ADDRESS \_\_\_\_\_

DATE THEY MOVED THERE \_\_\_\_\_

HOW LONG HAVE YOUR PARENTS LIVED IN THE STATE OF OHIO? FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(MO & YR) (MO & YR)

HAVE YOU RECEIVED ANY FINANCIAL ASSISTANCE FROM YOUR PARENTS OR LEGAL GUARDIAN IN THE PAST 24 MONTHS? (i.e.; housing, food, tuition payments, etc.)  YES  NO

ARE YOU REGISTERED WITH SELECTIVE SERVICE?  YES  NO

REGISTRATION NUMBER: \_\_\_\_\_

(To obtain Selective Service Registration or to register with selective Service: 1-847-688-6888 or www.sss.gov)

I AM NOT REQUIRED TO REGISTER WITH SELECTIVE SERVICE BECAUSE: (circle one)

I am female  I was born before 1960  I am not 18  I am on Active Duty  Other: \_\_\_\_\_

With the signing and submission of this document, I hereby verify my status as a bona fide resident of the State of Ohio as defined by the Ohio Board of Regents for the purposes of receiving the Ohio Instructional Grant, Ohio War Orphans, Ohio Academic Scholarship, Ohio National Guard and/or Ohio Choice Grant. **Generally, a dependent student will be classified as an Ohio resident if his or her parents have resided in Ohio for 12 consecutive months immediately preceding the student's enrollment in the upcoming academic year. Generally, a self-supporting student will be classified as an Ohio resident if he or she has resided in Ohio for twelve consecutive months immediately preceding enrollment in the upcoming academic year and he or she has not received financial support from persons outside the State of Ohio during this 12-month period.**

\_\_\_\_\_

Signature

Date