



South Carolina  
**DEPARTMENT  
ON AGING**

**The South Carolina Department on Aging is currently seeking nominations for the South Carolina Advisory Council on Aging**

The Director of the South Carolina Department on Aging is seeking qualified individuals interested in serving on the South Carolina Advisory Council on Aging. The members must be citizens of the State who have an interest in and a knowledge of the problems of an aging population (Qualifications based on state law are provided below).

The Governor will make the appointments based on applications received by the Department on Aging. Background information regarding the Advisory Council is provided below.

If interested in serving, please complete the application that has been provided and send it to Lily Cogdill at [lcogdill@aging.sc.gov](mailto:lcogdill@aging.sc.gov) by March 31, 2025. Questions and comments can also be sent to the same email address above.

**Current Vacancies and Expired Terms**

Area 3 (2021)

Chester, Lancaster, York, Union

Area 4 (2021)

Fairfield, Lexington, Newberry, Richland

Area 7 (2022)

Chesterfield, Darlington, Dillon, Florence, Marion, Marlboro

Area 8 (2019)

Georgetown, Horry, Williamsburg

Area 9 (2021)

Berkeley, Charleston, Dorchester

Area 10 (VACANT)

Beaufort, Colleton, Hampton, Jasper

At-Large 1 (VACANT)

Statewide Appointment

At-Large 2 (2021)  
Statewide Appointment

At-Large 3 (2022)  
Statewide Appointment

At-Large 4 (VACANT)  
Statewide Appointment

At-Large 5 (VACANT)  
Statewide Appointment

### **Background on the Advisory Council from the South Carolina Code of Laws**

SECTION 43-21-10. Department on Aging created; Advisory Council on Aging; membership, qualifications; appointment; election of chair; compensation and meetings of council; rules and procedures.

There is created the Department on Aging. The department must be supported by an Advisory Council on Aging consisting of one member from each of the ten planning and service areas and five members from the State at large. The director of the department shall provide statewide notice that nominations may be submitted to the director from which the Governor shall appoint the members of the council. The members must be citizens of the State who have an interest in and a knowledge of the problems of an aging population. In making appointments to the council, consideration must be given to assure that the council is composed of appointees who are diverse in age, who are able and disabled, and who are active leaders in organizations and institutions that represent different concerns of older citizens and their families. The chair must be elected by the members of the advisory council from its members for a term of two years and until a successor is elected. Members of the council shall serve without compensation but shall receive mileage and subsistence authorized by law for members of boards, commissions, and committees. The advisory council shall meet at least once each quarter and special meetings may be called at the discretion of the director of the department. Rules and procedures must be adopted by the council for the governance of its operations and activities.

SECTION 43-21-20. Terms of members; vacancies; termination of appointments.

The members of the advisory council shall serve for terms of four years and until their successors are appointed and qualify. The terms of the members expire on June thirtieth and all vacancies must be filled in the manner of the original appointment for the unexpired portion of the term only. No member may serve more than two consecutive terms.

The Governor may terminate a member of the council for any reason pursuant to the provisions of Section 1-3-240, and the reason for the termination must be communicated to each member of the council.

HISTORY: 1962 Code Section 71-300.22; 1971 (57) 385; 1986 Act No. 428, Section 2, eff July 1, 1986; 1993 Act No. 181, Section 1017, eff July 1, 1993; 1995 Act No. 30, Section 2; 2008 Act No. 353, Section 2, Pt 25C, eff July 1, 2009; 2018 Act No. 261 (S.107), Pt I, Section 7, eff January 1, 2019.



State of South Carolina
Department on Aging

Henry McMaster
Governor

Connie D. Munn, MSW
Director

Application for Boards, Commissions, and Committees

Your Nomination will not be complete until this application is filed.

Please return the application to:
South Carolina Department on Aging
Attn: Lily Cogdill
1301 Gervais Street, Suite 350
lcogdill@aging.sc.gov

1] Your Name:
Dr./Mr./Mrs./Ms. \_\_\_\_\_
Last First Middle

2] Name of Board, Commission, or Committee you are being considered for:
\_\_\_\_\_

3] Your Current Address, City, Zip Code, and County: 4] Congressional District: \_\_\_\_\_
\_\_\_\_\_

5] Home Telephone: \_\_\_\_\_ 6] Office Telephone: \_\_\_\_\_ 7] Cell Telephone: \_\_\_\_\_
8] Email address: \_\_\_\_\_

9] Drivers License #: \_\_\_\_\_ 10] Social Security #: \_\_\_\_\_

11] Voter Registration #: \_\_\_\_\_ 12] Date of Birth: \_\_\_\_\_

13] Race: \_\_\_\_\_ 14] Sex: Male / Female

15] Level of Educational Background Completed:
Some High School: \_\_\_\_\_
High School Graduate or equivalence (G.E.D.): \_\_\_\_\_
Some College: \_\_\_\_\_
Undergraduate Degree: \_\_\_\_\_
Graduate and/or Professional Degree: \_\_\_\_\_
Doctoral Degree: \_\_\_\_\_

16] Present Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Current Position: \_\_\_\_\_

17] Years of Residence in South Carolina: \_\_\_\_\_

18] Have you ever been arrested for a crime other than a minor traffic violation? \_\_\_\_\_ If yes, give details.\*

19] Have you filed state and federal income tax returns for the past five years? \_\_\_\_\_ If not, give details.\*

20] Are you or any company in which you have a controlling interest delinquent in any local, state, or federal taxes? \_\_\_\_\_ If yes, give details.\*

21] Have you ever defaulted on any state or federal student loan? \_\_\_\_\_ If yes, give details.\*

22] Have you been treated for any alcohol, drug addiction, or substance abuse for the preceding five years? \_\_\_\_\_  
If yes, give details.\*

23] Have you been party (plaintiff or defendant) in any state or federal litigation for the preceding five years?  
\_\_\_\_\_ If yes, give details.\*

24] Have you ever served in the military? \_\_\_\_\_  
Were you honorably discharged? \_\_\_\_\_ If not, give details.\*

25] Have you ever been terminated from employment for cause? \_\_\_\_\_ If yes, give details.\*

26] Have you or any employer in the preceding ten years been investigated, reprimanded, fined, or suspended for doing business with any state or federal agency? \_\_\_\_\_ If yes, give details.\*

27] Have you ever been disciplined or fined by the State Ethics Commission? \_\_\_\_\_ If yes, give details.\*

28] Have you ever been disciplined or fined by any professional or regulatory agency? \_\_\_\_\_ If yes, give details.\*

29] Do you serve on any local or state board, commission, committee, or elected office? \_\_\_\_\_ If yes, list.\*

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- 30] Are you a registered lobbyist in the State of South Carolina? \_\_\_\_\_
- 31] Do you or any member of your immediate family receive any income, compensation, or benefits from state and local agencies in South Carolina? \_\_\_\_\_ If yes, give details.\*
- 32] Do you or any member of your immediate family have any interest in any business that has, is, or will do business with the State of South Carolina or the entity for which you are applying? \_\_\_\_\_ If yes, give details.\*
- 33] Are you or any member of your immediate family associated with any business regulated by the entity to which you are applying? \_\_\_\_\_ If yes, give details.\*
- 34] Have you or any member of your immediate family sold, leased, or rented personal property to any state or local public agency in South Carolina? \_\_\_\_\_ If yes, please identify\*:  
 The type of property: \_\_\_\_\_  
 The name of the agency(s) involved: \_\_\_\_\_  
 The value of the transaction(s): \_\_\_\_\_
- 35] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor regulated by the entity to which you are applying? \_\_\_\_\_ If yes, give details.\* (Do not disclose debt promised or loaned by a bank, savings and loan, or other licenses financial institution.)
- 36] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor seeking a business relationship with the entity for which you are applying? \_\_\_\_\_ If yes, give details.\* (Do not disclose debt promised or loaned by a bank, savings and loan, or other licenses financial institution.)
- 37] Do you or any member of your immediate family receive compensation from any individual or business that contract with the entity for which you are applying? \_\_\_\_\_ If yes, please identify\*.  
 The individual or business: \_\_\_\_\_  
 The amount of compensation paid to you: \_\_\_\_\_  
 The nature and amount of the contract: \_\_\_\_\_  
 The governmental entity involved: \_\_\_\_\_

38] I, \_\_\_\_\_, agree that, if I am appointed to the \_\_\_\_\_, I will attend all stated or called meetings of this entity. If I am absent from three consecutive meetings, or if I am absent from half of the meetings within a six-month period, then I will resign my appointment. However, if the chairperson excuses my absence prior to the meeting, in recognition of circumstances beyond my control (illness, family emergency, etc.) then I am entitled to retain my position.

**\*Provide explanation or additional information on separate sheet if necessary.**

**Certification of Applicant**

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that al his/her statements are true, accurate and complete, and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Lieutenant Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving records, and credit check. He/she also authorizes the Governor’s Office to provide the nominating authorities with copies of this application, the criminal history, credit report, and any other information gather in processing this appointment.

\_\_\_\_\_  
**Applicant’s Signature**

**Sworn and subscribed before me, this \_\_\_\_ day of \_\_\_\_\_, Two Thousand and \_\_\_\_.**

\_\_\_\_\_  
**Notary Public for South Carolina**

\_\_\_\_\_  
**My commission expires**