

ILLINOIS STATE UNIVERSITY

STATEMENT OF REGISTRATION COMPLIANCE 2018-2019 FOR STATE OF ILLINOIS SCHOLARSHIP / GRANT RECIPIENT

Academic Period Covered by Awards: July 1, 2018 until June 30, 2019

Please complete this form and return it to our office **within thirty (30) days**. Failure to do so will keep your military award(s) and/or other state scholarship(s) from being credited to your student account. If funds have already been credited to your account, they will be debited and your next bill will show a balance owed.

Your University ID Number: ____ - ____ - ____ - ____ - ____ - ____

Name: _____

Selective Service registration. You will not receive federal, state or other financial aid offered you unless you complete this form and, if required, furnish proof to Illinois State University supporting your answer. **Mark ONE response. Do not leave this section blank.**

1. I **certify** that I am registered with the Selective Service; OR
2. I **certify** that I am not required to be registered with the Selective Service because:
 - a. I am female.
 - b. I have not reached my 18th birthday.
 - c. I was born before 1960.
 - d. I am in the armed services of the United States, on active duty. NOTE: Members of the Reserves or National Guard are not considered to be "on active duty."
 - e. I am a permanent resident of the Federated States of Micronesia, the Marshall Islands, or Palau.
 - f. I am not a citizen of the United States of America.
 - g. I am age 26 or over and gained United States citizenship on or after age 26.

WARNING: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.

Signing this statement certifies that all information reported is true, complete and accurate.

Student's signature (in black ink)

Today's date

Return your completed form to: _____
(Department Name – Must be completed by Awarding Department)

FOR GRADUATE DEPARTMENT USE ONLY

(This section must be completed and kept on file in the department/school along with the completed application.)

Each department/school is required to have their own criteria for awarding that is updated each year. Please be sure that either the department/school's website or a coversheet outlining the criteria is available to applicants.

Admitted to degree program: Y N ***Note:** Seniors admitted to a graduate program taking graduate courses are not eligible.

Type of admission: Full Conditional

GMAT / GRE score (If applicable) _____ TOEFL / IELTS score _____

This section must be completed by the Graduate Coordinator.

Student meets university and department/school criteria for award Y N

Student is recommended for the award: Y N

If denied, state reason: _____

X _____
Signature of Graduate Coordinator Date

This section must be completed by the Department Chair/School Director.

Student is recommended for award Y N

If denied, state reason: _____

X _____
Signature of Department Chair/School Director Date

Notification sent to student Y N Date sent _____

Reminder: All documents are to be kept on record for 5 years after the student ceases to be enrolled at Illinois State University. Departments/Schools must also keep all documents for all rejected waiver applicants and document why the student was not selected. All documents related to the tuition waiver programs must be readily available in an audit. Documents can be kept electronically in the department/school.

Financial Aid Item Type: 9005100048_ _