Illinois Student Assistance Commission

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Illinois Student Assistance Commission
Lapsed Appropriation Request Form
STUDENTS

for Court of Claims filings for the Monetary Award Program (MAP)
and all Scholarship and Specialized Grant Programs

When filing a claim with the Illinois Court of Claims, include the information requested below. Use this form or create your own form that includes the same information requested on this form. Attach one copy of the request form to each of the six copies of the Lapsed Appropriation Claim form and documentation filed with the Illinois Court of Claims. There is a two-year time limit to file a claim for funds {705 ILCS 505/22(h)}.

STUDENT'S NAME	
SCHOOL'S NAME	
ACADEMIC YEAR	
ISAC PROGRAM	

SSN (Last 4 digits)	NAME (Last, First)	Term (Fall, Spring, Winter, Summer)	Total Amount of Claim	For ISAC Decision Only	
				Approved Yes/No	Reason Denied

10/22/25

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INSTRUCTIONS and DEFINITIONS

SSN: Last four digits of Student's Social Security Number (SSN)

NAME: Student's last name and first name

Term: The term for which payment is requested. Use a different line for each term.

Amount of Claim: The amount being claimed through the Illinois Court of Claim for this student, for this term.