



Certification of Enrollment for Payment
Displaced Energy Worker Dependent Transition Scholarship Program
2023 – 24 Academic Year

Return to:
School Services
1755 Lake Cook Road
Deerfield IL 60015-5205
866.247.2172
ISAC.SchoolServices@Illinois.gov

School Name

School Code

Term: Requested

Due Date

Applicant's Name	*Academic Level	Maximum Term Award Amount	Requested Amount	Total Hours Enrolled	Eligibility Units Used Through
			\$	HOURS	

I certify that each student for whom payment is requested meets the following:

- Enrolled on at least a half-time basis;
- Making satisfactory academic progress for the term in which payment is being claimed;
- Amount does not exceed the tuition and mandatory fees charged for this term; and;
- Compliance with Selective Service requirements.
- Not in default on any student loan, nor owe a refund on any state or federal grant.

If not eligible, list reason: _____

Signature & Title of Certifying Official

Date

Telephone Number

E-mail Address

* Key - Academic Level:

- 1 = Freshman
- 2 = Sophomore
- 3 = Junior
- 4 = Senior
- 5 = Graduate