



Certification of Enrollment for Payment

Grant Program for Exonerates

2019 – 20 Academic Year

Return to: School Services
1755 Lake Cook Road
Deerfield, IL 60015-5209
866.247.2172
ISAC.SchoolServices@Illinois.gov

ILLINOIS UNIVERSITY

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School Name

School Code

FALL 2019

1/3/2020

Term: Requested

Due Date

Applicant's Name	*Academic Level	Requested Amount	Total Hours Enrolled	Eligibility Units Used Through
		\$	HOURS	0

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

- Enrolled in an eligible degree or certificate program and 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;
- Compliance with Selective Service requirements;
- Resident of Illinois; and
- Not in default on any student loan and does not 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