



Certification of Enrollment for Payment

Grant Programs for Dependents of Police, Fire or Correctional Officers 2019-20 Academic Year

isac.s

School Name	School Code
Term: Requested	Due Date

Applicant's Name	*Academic Level	Application Date	Max Term Amt. Awarded	Requested Amount	Total Hours Enrolled

I certify that each student for whom payment is requested meets all 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.

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