

[Date]

ECACE-400

[First Name] [Last Name]

[Permanent Address (line 1)]

[Permanent Address (line 2)]

[City][State][Zip Code]

**EARLY CHILDHOOD ACCESS CONSORTIUM FOR EQUITY SCHOLARSHIP PROGRAM  
NOTICE OF INELIGIBILITY**

This letter is to notify you that the Illinois Student Assistance Commission (ISAC) has determined you are not eligible for the [Academic Year] Early Childhood Access Consortium for Equity (ECACE) Scholarship Program. Refer to the reverse side of this letter for the ineligible reason.

This notification replaces any previous ISAC correspondence regarding your eligibility for the [Academic Year] academic year.

If you wish to appeal this decision, you may submit a written appeal to the Manager, Applicant Services within 60 days of the date of this letter. Refer to the enclosed ISAC Appeal Procedures. ISAC must adhere to the rules and statues governing the ECACE Scholarship Program in order to be fair and equitable to all applicants. You should be aware that filing an appeal may not reverse this decision.

ISAC administers other scholarship and grant programs that provide financial assistance to help you pay for college. To learn more about the financial aid process and other available programs, visit our website at [isac.org](http://isac.org). You may also communicate directly with an ISAC Call Representative via telephone at 800.899.ISAC (4722) or e-mail at [isac.studentservices@illinois.gov](mailto:isac.studentservices@illinois.gov).

Applicant Services Department  
Program Services and Compliance Division

Enclosure: ISAC Appeal Procedures

[FIRST NAME] [LAST NAME]  
[Letter date]

Reason for Ineligibility:

[INELIGIBLE REASONS WILL BE LISTED HERE]