



## Certification of Enrollment for Payment

### Grant Programs for Dependents of Police, Fire or Correctional Officers 2021 – 22 Academic Year

Return to:  
**School Services**  
 1755 Lake Cook Road  
 Deerfield IL 60015-5209  
 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
- 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