



Certification of Enrollment for Payment

Grant Programs for Dependents of Police, Fire or Correctional Officers 2022 – 23 Academic Year

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

School NameSchool Code

Term:				Due Date		
Applicant's Name	*Academic Level	Maximum Term Award Amount	Requested Amount	Total Hours Enrolled	*Enrollment Status	Eligibility Units Used Through
			\$	HOUR		

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: | *Enrollment Status: |
| 1 = Freshman | 1 = Full-Time |
| 2 = Sophomore | 2 = At least Half-Time |
| 3 = Junior | 3 = Less than Half-Time |
| 4 = Senior | 4 = Not Enrolled |
| 5 = Graduation | |