# Certification of Enrollment for Payment

Grant Programs for Dependents of Police, Fire or Correctional Officers  
2023 – 24 Academic Year

SOME SCHOOL  
SOME STREET

SOME TOWN, IL, 60000  
FEIN: 123456789

<table>
<thead>
<tr>
<th>School Code</th>
<th>Federal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>999999</td>
</tr>
</tbody>
</table>

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

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**FALL**  
11/30/2023

<table>
<thead>
<tr>
<th>Term: Requested</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>FALL</td>
<td>11/30/2023</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicant's Name</th>
<th>*Academic Level</th>
<th>Maximum Term Award Amount</th>
<th>Requested Amount</th>
<th>Total Hours Enrolled</th>
<th>*Enrollment Status</th>
<th>Eligibility Units Used Through</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOME STUDENT</td>
<td></td>
<td>$11,418.00</td>
<td>$</td>
<td>HOUR</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

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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: ______________________________________________________

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Signature & Title of Certifying Official: ___________________________ Date: ____________

Telephone Number: ___________________________ E-mail Address: ___________________________

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* Key - Academic Level:  
  1 = Freshman  
  2 = Sophomore  
  3 = Junior  
  4 = Senior  
  5 = Graduation

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