Certification of Enrollment for Payment  
Displaced Energy Worker Dependent Transition Scholarship Program  
2023 – 24 Academic Year

<table>
<thead>
<tr>
<th>School Name</th>
<th>School Code</th>
</tr>
</thead>
</table>

**Term: Requested**

<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>Eligibility Units Used Through</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td>HOURS</td>
<td></td>
</tr>
</tbody>
</table>

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;
- Compliance with Selective Service requirements.
- 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

Printed by the authority of the State of Illinois