

2020

ILLINOIS STATE UNIVERSITY

STATEMENT OF REGISTRATION COMPLIANCE 2019-2020 FOR STATE OF ILLINOIS SCHOLARSHIP / GRANT RECIPIENT

Academic Period Covered by Awards: July 1, 2019 until June 30, 2020

Please complete this form and return it to our office **within thirty (30) days**. Failure to do so will keep your military award(s) and/or other state scholarship(s) from being credited to your student account. If funds have already been credited to your account, they will be debited and your next bill will show a balance owed.

Your University ID Number: ____ - ____ - ____ - ____ - ____

Name: _____

Selective Service registration. You will not receive federal, state or other financial aid offered you unless you complete this form and, if required, furnish proof to Illinois State University supporting your answer. **Mark ONE response. Do not leave this section blank.**

1. I **certify** that I am registered with the Selective Service; OR
2. I **certify** that I am not required to be registered with the Selective Service because:
 - a. I am female.
 - b. I have not reached my 18th birthday.
 - c. I was born before 1960.
 - d. I am in the armed services of the United States, on active duty. NOTE: Members of the Reserves or National Guard are not considered to be "on active duty."
 - e. I am a permanent resident of the Federated States of Micronesia, the Marshall Islands, or Palau.
 - f. I am not a citizen of the United States of America.
 - g. I am age 26 or over and gained United States citizenship on or after age 26.

WARNING: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.

Signing this statement certifies that all information reported is true, complete and accurate.

Student's signature (in black ink)

Today's date

Return your completed form to: _____
(Department Name – Must be completed by Awarding Department)