

ILLINOIS RESIDENCY DEPENDENT STUDENT 2025-26

FINANCIAL AID OFFICE
STUDENT SERVICES BUILDING
MAIL CODE 4702
1263 LINCOLN DRIVE
CARBONDALE, IL 62901

618/453-4334

FAO.SIU.EDU

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Student Name	_
Student ID Number/Dawg Tag	_
Date	
Dear Financial Aid Applicant:	
Information from your 2025-2026 financial aid application indicat Program (MAP) Grant.	tes you may be eligible for an offer from the State of Illinois (IL) Monetary Award
Illinois residency requirements for the State of IL MAP Grant are	summarized as follows:
complete the Free Application for Federal Student Aid (FAFSA) p and permanent home. When the parent of the applicant does not	
THE DATES RECORDED ON THE DOCUMENTS MUST IT AT AND SINCE THE TIME OF FILING THE FINANCIAL A A) A valid signed 2024 State of Illinois tax return B) Illinois high school or college transcript	NDICATE THE PARENT HAS RESIDED IN ILLINOIS
C) Illinois Driver's License	
D) Utility or rent bills in the parent's nameE) Illinois Auto Registration Card	
F) Residential lease in the parent's name	
G) 2024 Wage and Tax Statements (IRS Form W-2	
H) Statement of benefits history from the Illinois DI) State of Illinois Identification Card issued by the	
J) Statement of benefits from the Illinois Departme	
K) Statement of benefits from the Social Security A	dministration
L) Illinois voter's registration card	
M) Property tax billN) 2024 IRS Form 1099 Miscellaneous Income State	ement
Eligibility for state offers from the State of IL MAP Grant can acceptable documentation is available, students may appeal to	anot be processed until Illinois residency has been verified. If none of this the Illinois Student Assistance Commission.
We do not meet the requirements for Illinois residency	to receive a State of IL MAP Grant.
Student Signature	Date
NOTE: Signatures must be handwritten. Computer	r fonts are not acceptable.
Parent Signature	Date

If you have questions, feel free to contact the Financial Aid Office. Mail documentation or submit using our secure document upload on www.fao.siu.edu