STATEMENT OF EDUCATIONAL PURPOSE
CERTIFICATION STATEMENT ON REFUNDS AND DEFAULT
STATEMENT OF SELECTIVE SERVICE REGISTRATION

STUDENT'S NAME

(LAST) (FIRST) (MIDDLE)

STUDENT IDENTIFICATION NUMBER __________________________________________________________

CERTIFICATIONS - READ, COMPLETE, SIGN AND RETURN TO THE FINANCIAL AID OFFICE

I certify that:

I understand and agree to the terms and conditions for receipt of financial aid.

I understand that I may not receive any Federal Title IV, HEA funds if I owe an overpayment on any Title IV educational grant or am in default on a Title IV educational loan unless I have made satisfactory arrangements to repay or otherwise resolve the overpayment or default.

I also understand that I must notify my school if I do owe an overpayment or am in default. Additionally, I certify that I will use any Federal Title IV, HEA funds I receive during the award year solely for expenses related to my attendance at Southern Illinois University at Carbondale.

I further certify that I am:

Not required to be registered with the Selective Service because (check (✓) one of the following)

_____ I am female

_____ I am in the armed services on active duty (Note: This does not apply to members of the Reserves and National Guard who are not on active duty).

_____ I have not reached my 18th birthday.

_____ I was born before 1960.

_____ I am a resident of the Federal States of Micronesia, or the Marshall Islands, or a permanent resident of the Trust Territory of the Pacific Islands (Palau).

_____ I am an international student (applicable only to the State of Illinois funded programs).

OR ➢ _____ I am registered with Selective Service.

WARNING: To receive any Title IV financial aid, you must complete the Statement of Educational Purpose and Certification Statement on Refunds and Default, and you must be registered with Selective Service, if you are required to register. If you purposely give false or misleading information, you may be subject to a fine of up to $10,000, imprisonment up to 5 years, or both.

I declare under penalty of perjury under the laws of the United States of America that the foregoing statements are true and correct.

Student's Signature ________________________________ Date ________________________________

Financial Aid Office
1263 Lincoln Drive – Mail Code 4702
Student Services Building
Southern Illinois University, Carbondale
Carbondale, Illinois 62901-4304
(618) 453-4334

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