

January 18, 2005

DUE ON OR BEFORE FEBRUARY 11, 2005

Dear Colleague:

Enclosed please find a *College Certification Form* and a *Payment Request Roster* including students who may be eligible at your institution for a second disbursement in the 2004-05 Merit Recognition Scholarship (MRS) Program. This Certification Form and roster must be returned to our office by February 11, 2005 to be included in the next payment run. You will be paid \$500 for each student you certify as enrolled.

The roster includes students paid at your institution for the first term plus any students who indicated that they transferred to your institution after being paid first term at a different institution. This roster is only to be used to request payment of the second MRS disbursement. An application must be submitted for any student applying for their first disbursement.

You must complete the columns labeled TERM and ENROLLED. The column labeled TERM must be completed with one of the following codes:

- 2 = 2nd semester
- 4 = 2nd quarter
- 5 = 3rd quarter
- 6 = summer semester
- 7 = summer quarter

The column labeled ENROLLED must be completed with one of the following codes:

- F = Student enrolled full time
- P = Student enrolled part time (at least 6 credit hours)
- N = Student not enrolled at least half-time (6 credit hours)

The column labeled DISQUALIFY would be completed with one of the following codes, if applicable:

- 2 = Student disqualified - nonresident of Illinois
- 3 = Student disqualified – non-citizen
- A = Student disqualified - not in good academic standing

If you have any questions, please contact ISAC at schoolservices@isac.org or call a School Services Representative at 866.247.2172.

School Services Department
Illinois Student Assistance Commission

Enclosures

**2004-05 Merit Recognition Scholarship Program
College Certification Form**

I certify that each student for whom payment is being claimed is:

- 1) Not the recipient of a baccalaureate degree;
- 2) An Illinois resident;
- 3) A citizen or eligible non-citizen of the United States;
- 4) In good academic standing,
- 5) In compliance with federal selective service requirements.

If request for payment cannot be made for a student because of one of the above reasons, please indicate the correct enrollment code on the roster.

I further certify that the students, on the attached listing, for whom payment is being claimed, are enrolled on at least a half-time basis (6 credit hours) for the term indicated.

College or University Name

Title IV Code

Signature of Financial Aid Administrator

Date