
2020-2021 MAP Illinois Residency Verification for the Alternative Application (Rise Act)

Student's Name: _____

ID#/SS# _____

Email: _____

Phone: _____

As a student at PSC, I have certain financial aid rights and responsibilities. My initials next to each statement indicates I have read and understand the following:

_____ 1. The Retention of Illinois Student & Equity (RISE) Act allows eligible undocumented students and transgender students who are disqualified from federal financial aid to apply for all forms of state financial aid

_____ 2. I understand that the term financial aid, as it pertains to the RISE act only pertains to state financial aid such as the Monetary Award Program (MAP)

_____ 3. I understand that I must submit proof of Illinois residency for my parents, if considered dependent and myself if considered independent

_____ 4. The RISE Act does not exempt applicants from meeting existing program eligibility criteria

_____ 5. I understand that I must meet all of the guidelines to receive financial aid. This includes maintaining a 2.0 cumulative grade point average (GPA), completing 67% of the total attempted course hours, and not exceeding 150% maximum timeframe to complete my degree/certificate

_____ 6. I understand I cannot be in default on a student loan and receive financial aid.

_____ 7. I understand that not all classes or programs are eligible for financial aid.

_____ 8. Financial aid must be earned. I must begin attendance in my courses to earn the aid.

_____ 9. PSC may request additional documentation to determine my eligibility. Until all requested information has been submitted, reviewed and verified, financial aid will not be credited to my account.

_____ 10. Changes on your application made by you or the state may result in a change to your eligibility. Therefore, further verification information may be requested at a later date. Failure to comply with any additional request may result in the removal of your financial aid.

_____ 11. If my financial aid does not completely cover my tuition bill or if I am ineligible for financial aid, I am responsible for making payments immediately to the Business Office.

_____ 12. **I understand that I am responsible for dropping my classes if I choose not to attend PSC. I agree to visit the Financial Aid office prior to withdrawing from any class so that I may be made aware of any consequences of withdrawing.**

_____ 13. I understand that withdrawing from my classes prior to the end of the refund period will result in the removal of my financial aid

_____ 14. I understand I must report all financial assistance received from external sources to the Financial Aid Office. I also understand that such assistance may affect my financial aid eligibility.

_____ 15. My financial aid package, including external sources, cannot exceed my cost of attendance budget.

_____ 16. I understand that I cannot receive financial aid at two colleges/institutions during the same semester. Additionally, it is my responsibility to inform the PSC Financial Aid office if I attend another school.

_____ 17. I give authorization for electronic communications and email correspondences using the contact information provided on my student account.

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MAPIllinoisResidencyVer-AlternativeApp.docx Students eligible for the MAP grant will be required to verify Illinois residency. An award will not be made until verification is submitted to the Prairie State College Financial Aid Office.

Dependent Student

A dependent student is a resident of Illinois if the parent physically resides within the State of Illinois and Illinois is his or her true, fixed and permanent home.

Please submit a copy of your parent's Illinois driver's license or state ID. If your parent's ID/driver's license is unavailable, please submit **one** of the following:

- Parent's 2019 wage and tax statement or W-2(s).
- Parent's 2019 valid state or federal income tax return.
- Parent's Illinois voter's registration card issued on or before August 1, 2020.
- Parent's residential lease issued on or before August 1, 2020.
- Parent's utility or rent bills issued on or before August 1, 2020.
- Parent's 2019 property tax bill.
- Parent's Illinois auto registration card issued on or before August 1, 2020.
- Parent's 2019 Statement of Benefits from the Illinois Department of Public Aid
- Parent's 2019 Statement of Benefits from the Illinois Department of Employment Security
- Parent's 2019 Statement of Benefits from the Social Security Administration

Independent Student

For an independent to be considered a resident of Illinois, s/he must have physically resided in Illinois (at the time of application), and has so resided for 12 continuous full months immediately **prior to the start of the academic year** for which assistance is requested, and Illinois must be his/her true, fixed, and permanent home.

Please submit a copy of your Illinois driver's license or state ID issued on or before August 1, 2019. If your driver's license or state ID is unavailable, please submit **one** of the following:

- Student's 2019 wage and tax statement or W-2(s).
- Student's 2019 valid state or federal income tax return.
- Student's Illinois voter's registration card issued on or before August 1, 2019.
- Student's residential lease issued on or before August 1, 2019.
- Student's utility or rent bills issued on or before August 1, 2019.
- Student's 2019 property tax bill.
- Student's Illinois auto registration card dated on or before August 1, 2019.
- Student's 2019 Statement of Benefits from the Illinois Department of Public Aid.
- Student's 2019 Statement of Benefits from the Illinois Department of Employment Security.
- Student's 2019 Statement of Benefits from the Social Security Administration.

I certify that I have read and understand all items on this form and all information provided for my financial aid is true and correct.

Student's Signature : _____ Date: _____