Sinclair Community College, Financial Aid & Scholarships
444 W. Third St., Room 10324, Dayton, OH 45402-1460
Phone: (937) 512-3000, E-mail: finaid@sinclair.edu

Financial Aid & Scholarships
Selective Service Appeal

Name _____ SSN _____

Please submit the following information:

- Selective Service Status Information letter – To request this letter, please call Selective Service at 1-847-688-6888 or complete a request form which can be printed from their website at www.sss.gov.
- Please explain the circumstances that prevented you from meeting the Selective Service Registration requirements.
- Please attach documentation to support your explanation. Examples of supporting documentation may include a medical statement from your doctor, proof of incarceration (or anything else that you determine clearly supports your written explanation).
- If you dropped out of high school, please indicate the year and reason you stopped attending.

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Student Signature _____ Date _____

If you have questions regarding this information, please contact the Sinclair Community College Call Center at (937) 512-3000.

FOR OFFICE USE ONLY

Action Taken: _____ Approved
_____ Denied
_____ Pending _____

Reason: _____

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Financial Aid Signature _____ Date _____