

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.

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: _____

Financial Aid Signature _____ Date _____