

Sandburg Financial Aid  
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Galesburg, IL 61401  
Phone: 309.341.5283  
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[www.sandburg.edu](http://www.sandburg.edu)

## 2016-2017 Student's Illinois Residency Verification

Student's Name: \_\_\_\_\_

Student ID# \_\_\_\_\_ Last 4 SSN# xxx-xx- \_\_\_\_\_

In order to determine eligibility for the State of Illinois (IL) MAP Grant, we need to verify your state residency.

Please complete **one** of the following:

\_\_\_\_\_ I have attached a signed copy of my 2014 State of Illinois Tax Return

\_\_\_\_\_ I have attached a copy of a utility bill or mortgage statement dated prior to August 22, 2015

\_\_\_\_\_ I have attached a **valid** copy of my driver's license issued prior to August 22, 2015

\_\_\_\_\_ I am not an Illinois Resident

\_\_\_\_\_ I became an Illinois Resident after August 22, 2015.

I certify the information provided above is true and complete.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_