

Sandburg Financial Aid
2400 Tom L. Wilson Blvd
Galesburg, IL 61401
Phone: 309.341.5283
Fax: 309.344.2529



CARL
SANDBURG
COLLEGE™
www.sandburg.edu

2016-2017 Parent'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 parent's state residency.

Please complete **one** of the following:

- _____ Attached is a **signed** copy of the parent's 2015 State of Illinois Tax Return
- _____ Attach a copy of the parent's valid Illinois drivers license.
- _____ Attached is a copy of the parent's utility bill or mortgage statement showing an IL address
- _____ The parent is not an Illinois Resident nor will they become an Illinois resident during the current academic year

I certify the information provided above is true and complete.

Parent's Signature _____ Date _____