

ACADEMIC TALENT TUITION WAIVER APPLICATION

Building students' futures

College of
Business
ILLINOIS STATE UNIVERSITY

For Office Use Only

GMAT: _____

TOEFL: _____

UG GPA: _____

GRAD GPA: _____

MBA PROGRAM

Date: _____ Semester/Year Award Requested: _____

Name: _____ UID#: _____ - _____ - _____

Local Mailing Address: _____

Local Phone Number: (_____) _____ - _____

Credit Hours completed in program: _____ Credit Hours to be taken in requested semester: _____

Financial Need:

1. Employer: _____

Full-Time: _____ Part-Time: _____ (Number of Hours Per Week: _____)

2. If employed, does your employer reimburse you for tuition costs?

No: _____ Yes: _____ (What percentage? _____)

3. Do you receive financial support from parents/relatives/friends? Yes: _____ No: _____

Comments: _____

4. Dependents: Spouse: _____ Is spouse employed? Yes _____ No _____

of Children _____ Other (specify): _____

5. Are you receiving any other form of financial aid? Yes: _____ No: _____

If Yes, please identify type/amount: _____

Applications can not be processed without a signed Selective Service Statement on file.
See Reverse.

- Return Completed Form to the MBA Office -

201 College of Business Building • PO Box 5570 / Normal, IL 61790-5570

ILLINOIS STATE UNIVERSITY

STATEMENT OF REGISTRATION COMPLIANCE FOR STATE OF ILLINOIS SCHOLARSHIP / GRANT RECIPIENTS Academic Period Covered by Awards: July 1 to June 30

Please complete this form and **return it to your department/school or appointing unit within thirty (30) days**. Failure to do so will keep your military award(s) and/or other state scholarship(s) from being credited to your student account. If funds have already been credited to your account, they will be debited and your next bill will show a balance owed.

Social Security Number: _____ - _____ - _____

Name: _____

Selective Service registration. You will not receive federal, state or other financial aid offered you unless you complete this form and, if required, furnish proof to Illinois State University supporting your answer. **Do not leave blank**. Mark one response.

1. I certify that I am registered with the Selective Service; OR
2. I certify that I am not required to be registered with the Selective Service because:
 - a. I am female.
 - b. I have not reached my 18th birthday.
 - c. I was born before 1960.
 - d. I am in the armed services of the U.S. on active duty. NOTE: Members of the Reserves or National Guard are not considered to be "on active duty."
 - e. I am a permanent resident of the Federated States of Micronesia, the Marshall Islands or Palau.
 - f. I am not a citizen of the United States of America.

Warning: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.

Signing this statement certifies that all information reported is true, complete and accurate.

student's signature (in black ink)

date