

REQUIRED (PLEASE PRINT)

CSELAP

NORTH·SHORE
COMMUNITY COLLEGE

SSN: ____ - ____ - ____ - ____ - ____ - ____

LAST NAME: _____

FIRST NAME: _____

STUDENT FINANCIAL SERVICES
One Ferncroft Road, Danvers, MA 01923-0840
(978) 762-4189 or (781) 477-2191
www.northshore.edu

SELECTIVE SERVICE APPEAL

FOR WAIVER OF REGISTRATION REQUIREMENT

2008-2009

Men who are from age 18 through 25 are required to register with the Selective Service System. This requirement covers both citizens of the United States and most other men residing in the United States. Students must be registered for Selective Service to be eligible for Financial Aid funds.

You are being asked to complete this form because your *Status Information Letter* indicates that you are not registered with Selective Service and are required to be registered. **If you received a *Status Information Letter* with code RL you are not eligible for financial aid and cannot appeal this decision.** If your *Status Information Letter* has a code of RD or RR, please continue.

1. Are you currently registered? ____ yes ____ no
Please provide copies of correspondence indicating an attempt to register.
2. When did you first enter the U.S? _____ (MM/YY)
3. Where were you living from age 18 – 25? Please provide applicable documentation, such as copies of state income tax returns, bills with your name and address, etc.

4. Why were you unaware of the widely publicized requirement to register? Please provide any applicable documentation to support your petition.

Student's signature

Date

Office Use Only: Directors Decision: ____ Approved ____ Denied

Director of Financial Aid signature

Date