

Atlantic Cape Community College 5100 Black Horse Pike Mays Landing, N.J. 08330 Financial Aid Office J Building (609) 343-5082

HESAA Selective Service Appeal

Last name	First name	M.I.	Student ID Number
Email Address			Date of Birth
registration could	d not be confirmed. As a this status by completing	a result, your NEW JERS	cation that your Selective Service System (SSS) EY STATE FINANCIAL AID cannot be completed. g it with all required documents to the Financial
to register with the	he Selective Service with manently reside in the U	hin 30 days of their 18th	I males who were born on or after January 1, 1960 abirthday. This includes all male citizens, and nonards" must register. Men cannot register after they
Please check the supporting docur		dentifies your status, sig	n page 2 of this form, and submit this form with
_			copy of your Selective Service registration gov/ or call 1-847-688-6888.
□ I am female.			
□ I was born be	fore January 1, 1960.		
□ I am a non-cit	tizen who first entered t	the U.S. after I turned 26	6 years old. Attach a copy of I-94 or I-551.
Discharge from A	active Duty. To obtain a		h a copy of your DD214 Certificate of Release of 800-827-1000. Military service in the Reserves, we duty.
fail to register. B You are required 847-688-6888 or delay in processing	e sure to clearly state o I to submit a Status Info visit <u>www.sss.gov/</u> . Ind ng Status Information Le	n Page 2 of this form yo ormation Letter. This ca licate on Page 2 the date	nonstrate that you did not knowingly and willfully our reason for not registering with Selective Service. In be obtained by contacting Selective Service at 1-e you requested your letter as there may be a see note that your Financial Aid file will be formation Letter.

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Please provide a detailed description of the circumstances that led to your failure to register with the Selective Service System. Things you should include in your statement are:

- how and when you first became aware of the requirement to register for the Selective Service,
- any attempts to register with Selective Service –when, where (attach supporting documentation),
- where you were living during the period of time when you should have registered (ages 18-25),
- incarcerated and/or institutionalized during the period,
- any attempts to enlist in any branch of the U.S. Armed Forces what branch, when, why you were rejected and how you were notified (attach supporting documentation), and/or
- any information that supports your claim.

Attach a separate sheet if necessar	ry.	
I submitted my request for a Statu	s Confirmation Letter with Select	ive Service on:
required. I understand that Atlant	ic Cape Community College's Fina	e to provide proof of the information, as ancial Aid Office will make the final eligibility for New Jersey state financial aid
Student's Signature		Date
	PLEASE DO NOT WRITE B	ELOW
FINANCIAL AID REVIEW	□ Approved	□ Denied