

1755 Lake Cook Road Deerfield, IL 60015-5209 866.247.2172 isac.schoolservices@illinois.gov

GIFT ASSISTANCE PROGRAMS REFUND CHECK FORM

Please report the dollar amount refunded for each program/year if submitting a single check with funds for **multiple** programs or academic years.

Mail Refund Checks to: Finance & Accounting Division - J10

Illinois Student Assistance Commission

1755 Lake Cook Road Deerfield, IL 60015-5209

To ensure refunds are credited to the correct account (both school and/or student) and the appropriate ISAC gift assistance program, please complete the requested information below.

DATE SENT TO ISAC					
S	CHC	OOL NAME			
M	IAP (CODE /ED CODE/IVG CODE			
Р	ROG	GRAM(S)	1		
Α	CAD	DEMIC YEAR(S)			
(s	pecifi	CHER NUMBER c to the above academic year)			
TERM(S)					
CHECK NUMBER					
CHECK DOLLAR AMOUNT			\$		
REASON FOR REFUND					
[]	Returning Amount Due at End of Year: Per ISAC's letter indicating total amount owed.			
[]	 Current and/or Prior Year Refund: Provide the students' names and Social Security numbers (last 4-digits); Indicate actual credit hours enrolled; List dollar amount refunded for each term; and State the institution's reason for the refund. 			
[]	External Compliance: ISAC's Finance & Accounting Division will forward a copy of the Final Program Review Report to the appropriate internal department.			
[]	Other Refund: Provide Explanat	tion		