

Return to:

Ohlone College

Financial Aid Office
Building 7, 2nd Floor
43600 Mission Blvd.
Fremont, CA 94539
510-659-7309 (Fax)
financial_aid@ohlone.edu



CA Dream Act Selective Service Appeal

_____	_____	_____	_____
Last name	First name	M.I.	Student ID Number
_____			_____
Ohlone Email Address			Date of Birth

The Military Selective Service Act (a federal law) requires that all males who were born on or after January 1, 1960 to register with the Selective Service within 30 days of their 18th birthday. This includes all male citizens and non-citizens, who reside in the U.S. Those who aren't registered with Selective Service won't qualify for Federal and/or State programs. This includes Federal Pell Grants, Federal Supplemental Educational Opportunity Grants (FSEOG), Direct Stafford Loans, College Work Study and Cal Grant program.

To help us understand your status before the decision can be made, please check the statement below that identifies your status, sign page 2 of this form, and submit this form with supporting documentation.

- I am registered with the Selective Service System. *Attach a copy of your Selective Service registration certification.* To obtain registration certification, visit www.sss.gov/ or call 1-847-688-6888.
- I am female.
- I was born before January 1, 1960.
- I am a non-citizen who first entered the U.S. after I turned 26 years old. *Attach a copy of I-94 or I-551.*
- I have served on active duty in the U.S. armed forces. *Attach a copy of your DD214 Certificate of Release of Discharge from Active Duty.* To obtain a copy of the DD214, call 800-827-1000. Military service in the Reserves, delayed entry pool or the National Guard is not considered active duty.
- I am not registered with the Selective Service. You must demonstrate that you did not knowingly and willfully fail to register. Be sure to clearly state on Page 2 of this form your reason for not registering with Selective Service. *You are required to submit a Student Status Information Letter.* This can be obtained by contacting Selective Service at 1-847-688-6888 or visit www.sss.gov/. Indicate on Page 2 the date you requested your letter as there is now a delay in processing Information Letter requests.

Selective Service Appeal

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 necessary.

I submitted my request for a Status Confirmation Letter with Selective Service on: _____

My signature certifies that the information I provided is true. I agree to provide proof of the information, as required. I understand that Ohlone College Financial Aid Office will make the final determination regarding my Selective Service status as it affects my eligibility for federal and state financial aid programs.

Student's Signature

Date

PLEASE DO NOT WRITE BELOW

FINANCIAL AID REVIEW

Approved Denied

Financial Aid Director's Signature

Date