

# College Planning Program

# Enrollment Form and Agreement

**Student's Name:**

**Address:**

**City/State/Zip Code:**

**Parent/Legal Guardian's Name:**

**Parent Phone Number:**

**Parent Email Address:**

**Middle School/Junior High Name:**

**High School Name:**

The College Planning Program (“the Program”) is meant to help you achieve the dream of graduating from college. The Illinois Student Assistance Commission (“ISAC”) began the program to provide you with the tools, guidance, and support you need to make your postsecondary dream a reality. Beginning at the end of eighth grade, the Program will offer you an opportunity to learn what it takes to get to and, more importantly, through college. By completing this application and signing below, you promise to assist ISAC in helping you by following the Program’s rules. Your parents will play an important role, too. That’s why ISAC asks that your custodial parent read over the application with you and commit to the Program’s rules as well.

Please read the Student Agreement below and sign in the space provided below. Once you have agreed to participate in the Program, ask your parent to read and sign the Parent Agreement. Then, submit the enrollment application to ISAC, which will contact you with more information once your enrollment in the program is complete.

## **Student Agreement**

By participating in the College Planning Program and signing below, I agree to:  
Participate in college planning and preparation activities offered through the Illinois Student Assistance Commission as part of the College Planning Program;

- (1) Complete all of the necessary coursework that will allow me to graduate from high school in Illinois;
- (2) Take the ACT, SAT, or another standardized college entrance examination no later than my junior year of high school;
- (3) Maintain a grade point average of 2.5, or above, on a 4.0 scale during high school;
- (4) Apply during twelfth grade for admission to a public or private community college or university in Illinois;
- (5) Share academic and financial data with ISAC from the time I enroll in the Program until I attain a bachelor's degree;
- (6) Provide ISAC with any information, including demographic information and information on how to contact you or your parent (s), it may need at the start of each academic year until I obtain my bachelor's degree;
- (7) Not be convicted of a drug-related felony while receiving federal student aid in college; and
- (8) Notify ISAC at any time if I no longer qualify to receive benefits from the Program because I have not fulfilled the obligations listed here.

I \_\_\_\_\_ have read the Student Agreement and, by signing below, promise to fulfill the requirements listed above.

By: \_\_\_\_\_

Date: \_\_\_\_\_

## Parent Agreement

As a custodial parent of a student participating in the College Planning Program, I have read the requirements of the Student Agreement and agree to support my student by exerting all efforts to ensure that he or she:

- (1) Participates in college planning and preparation activities offered through the Illinois Student Assistance Commission as part of the College Planning Program;
- (2) Completes all of the necessary coursework that will allow the student to graduate from high school in Illinois;
- (3) Takes the ACT, SAT, or another standardized college entrance examination no later than the student's junior year of high school;
- (4) Maintains a grade point average of 2.5, or above, on a 4.0 scale during high school;
- (5) Applies during twelfth grade for admission to a public or private community college or university in Illinois;
- (6) Shares academic and financial data with ISAC from the time the student enrolls in the Program until he or she attains a bachelor's degree;
- (7) Provides ISAC with any information, including demographic information and information on how to contact you or the student, it may need at the start of each academic year until he or she obtains a bachelor's degree;
- (8) Will not be convicted of a drug-related felony while receiving federal student aid in college; and
- (9) Notifies ISAC at any time if the student no longer qualifies to receive benefits from the Program because he or she did not fulfill the obligations listed here.

I \_\_\_\_\_ have read the Parent Agreement. By signing below, I consent to my student's participation in the Program and promise to fulfill my obligation to support my student with fulfilling the requirements listed above.

By: \_\_\_\_\_

Date: \_\_\_\_\_

**Please mail completed materials to:**  
**Illinois Student Assistance Commission**  
**Attn: College Planning Act**  
**1755 Lake Cook Road**  
**Deerfield, IL 60015**

**For additional information call (800) 899-4722**