Selective Service Form



Student Financial Aid Office 11400 Robinwood Drive Hagerstown, MD 21742

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WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

According to Federal Law, a man between the ages of 18 and 24 must register with Selective Service regardless of his citizenship status. If you willingly failed to register with Selective Service you are not eligible to receive any federal financial assistance (i.e. Federal Pell Grant, Federal Supplemental Education Opportunity Grant, Academic Competitiveness Grant, Federal Work Study, Federal Stafford Loans, etc.)

I understand that decisions regarding eligibility for student financial assistance are made by the Student Financial Aid Office, not the Selective Service System.

Student Name: _____

HCC ID:

Check one box below that applies as to why you did not register with Selective Service. Attach any documentation to this form that is required:

	I am a female - Not required to register. (Selective Service bases the registration requirement on gender assigned at birth and not on gender identity or on gender reassignment. Individuals who are born male and changed their gender to female are still required to register. Individuals who are born female and changed their gender to male are not required to register. Please provide a copy of your birth certificate confirming gender assigned at birth).	I am not age 18 or over; my birthdate is:
	I was required to register. I knowingly and willfully refused to register.	 I am a male born between 3/29/1957 and 12/31/1957 I was not required to register.
	I was in the military. (Please attach <mark>copy 4</mark> of the DD214)	I am a transgender. (Attach copy of birth certificate) (Selective Service bases the registration requirement on gender assigned at birth and not on gender identity or on gender reassignment. Individuals who are born male and changed their gender to female are still required to register. Individuals who are born female and changed their gender to male are not required to register. Please provide a copy of your birth certificate confirming gender assigned at birth).
	I was INCARCERATED, INSTITUTIONALIZED, HOSPITALIZED, OR CONFINED TO HOME: List dates during which you were (circle appropriate situation) incarcerated, institutionalized, hospitalized, or confined to home. For multiple dates, list all. to,to, to, to, Attach proof of each instance	I was a NONCITIZEN/ALIEN: Date you entered the United States for the first time: INS status at time of entry: List all alien status(es) held since entering the country. to USCIS Status: USCIS Status: MUSCIS Status: MUSCIS Status: MUSCIS Status: MUSCIS Status: MUSCIS Status: MUSCIS Status:
If none of these apply to you, attach a typed explanation as to why you did not register for Selective Service from age 18 to 25. [Office use: Please scan the explanation with form.]		

I certify that all information submitted with this form is true and complete to the best of my knowledge.

Signature ____

Date _