



Student Financial Aid Office  
 11400 Robinwood Drive  
 Hagerstown, MD 21742  
 finaid@hagerstowncc.edu  
 FAX: 301-791-9165

# Selective Service Form

**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 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 Studv, Federal Stafford Loans, etc.)

Please complete the form below.

Student Name: \_\_\_\_\_ HCC ID: \_\_\_\_\_

**Check one box that apply as to why you did not register with Selective Service.**

<input type="checkbox"/> I am a female - Not required to register.	<input type="checkbox"/> I am not age 18 or over; my birthdate is: _____
<input type="checkbox"/> I was required to register. I knowingly and willfully refused to register.	<input type="checkbox"/> I am a male born between 3/29/1957 and 12/31/1959 I was not required to register.
<input type="checkbox"/> I was in the military. (Please attach <b>copy 4 of the DD214</b> )	<input type="checkbox"/> I am a transsexual. (Attach copy of <b>birth certificate</b> )
<input type="checkbox"/> 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 _____,  <b>Attach proof of each instance</b>	<input type="checkbox"/> 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: _____ _____ to _____ USCIS Status: _____  <b>Attach copies of supporting documentation</b>
<input type="checkbox"/> 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. <span style="float: right;"><b>[Office use: Please scan the explanation with form.]</b></span>	

**Attach any documentation to this form that is required**

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_