



Southeastern Illinois College
Financial Aid Office
3575 College Rd.
Harrisburg, IL 62946
Phone: (618) 252-5400 Fax: (618) 252-3062
Email: fao@sic.edu

2025-2026 Illinois MAP Dislocated Worker Verification

Your 2025-2026 Free Application for Federal Student Aid (FAFSA) indicates that you (student) and/or spouse are a dislocated worker. To determine your eligibility for the Illinois MAP Dislocated Worker rule, complete this form as it applies to the household on the FAFSA.

Section A- Student Information (Please print clearly)

Last Name	First Name	M.I	Student ID Number
Address			Date of Birth
City	State	Zip Code	Phone Number

Section B- Employment Status

Check any of the boxes that apply to your situation. Note: If a person quits work or is terminated because of job performance, generally he or she is not considered a dislocated worker, even if receiving unemployment benefits.

- ☐ I (student) am not considered a dislocated worker.
- ☐ My spouse is considered a dislocated worker.

If you checked either of the boxes above, you may skip Section C and sign your name in box below.

Section C- Dislocated Worker Status

Review the following and indicate which situation(s) applies to you.

- ☐ I have been employed since being dislocated or displaced in any field of work.
- ☐ I am currently trying to find employment.

Review the following and indicate which situation(s) applies to you. Submit documentation listed below for each circumstance.

- ☐ I have been permanently laid off or terminated from previous occupation.
 - ☐ Submit a copy of separation or termination notice from previous employer.
- ☐ I am receiving unemployment benefits due to be laid off or losing a job and am unlikely to return to a previous occupation.
 - ☐ Submit current documentation of unemployment compensation benefits showing effective dates.
- ☐ I was self-employed but am now unemployed due to economic conditions or natural disaster.
 - ☐ Submit a 2023 IRS Tax Return Transcript and all 2023 IRS Tax Return Transcript schedules.
 - ☐ Submit proof of income loss.
 - ☐ Submit proof of business closing.

By signing, you are indicating the information you provided is true and accurate to the best of your knowledge. You are also certifying that you understand misrepresentation or false information may result in denial of additional aid and possibly repayment of aid already awarded.

Student's signature

Date