

Office of Financial Aid University Park, IL 60484 708.534.4480 Fax: 708.534.1172 www.govst.edu/finaid

2020-2021 IL MAP Dislocated Worker Verification

Student Name:		GSU I	D # Last 4 o	digits of SS#:
(Please Print)	Last	First		
Home Phone #:		Cell #:	Date:	
dislocated worker.	Го determine your the FAFSA. Inform	eligibility for the Illinois MA	indicates that you (student) and the properties of the properties	plete this form as it applies
I (student) a	of the boxes that a am not considered a	apply to your situation: a dislocated worker.		
	is considered a disl <mark>ked either of the</mark> b		Section B and sign your nan	ne in Section C.
Current Employme	ent Status llowing and indica	opriate supporting documen ate which situation(s) app dislocated or displaced in a		e of Financial Aid:
I am currently	trying to find emplo	oyment.		
Explaining yo below for eac I have been pe Sub I am receiving previous occup Sub I was self-emp Sub Sub	lowing and indicate ur dislocated wor h circumstance. rmanently laid off comit copy of separa unemployment be pation. omit current docum loyed but am now to the core of the core of the current docum loyed but am now to the current document loyed but am now to the current document loyed but am now to the current document loyed but am now to the current loyed	or terminated from previous tion or terminated from previous tion or termination notice for nefits due to being laid off or nentation of unemployment unemployed due to economic Return Transcript and all 2 ite loss.		ation listed to return to a ng effective dates. er.
		ation is complete and correction employer(s) if necess	ect. I authorize the office of l ary.	Financial Aid to verify
STUDENT SIGNATU	JRE	DATE_		
WARNING: Purposely g	iving false or misleadi	ing information on this workshe	et may result in a fine, jail sentence,	, or both.