

# Appeal Form: Lottery Scholarship, TN Reconnect, or TN Promise Scholarship

Please complete the information below and forward this form with additional documentation supporting your reason for appeal to: Financial Aid Office, Volunteer State Community College, 1480 Nashville Pike, Gallatin, TN 37066.

Name: \_\_\_\_\_ V# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Hope, Promise or Reconnect: \_\_\_\_\_

**\*\* I lost my eligibility for this scholarship during the \_ semester for the following reason:**

## 1. Check the Reason for Appeal:

Enrollment Status Change from full-time to part time OR half time to less than half time

Withdrawal from college

Lack of continuous enrollment Fall/Spring

HOPE ONLY: Failure to attend college within 16 months after graduation from high school

Personal Illness

Illness or death of immediate family member

Extreme financial hardship

Religious commitment

Other extraordinary circumstances beyond students control.

## 2. Supporting Documentation REQUIRED for processing this appeal:

\*Narrative written by the student to explain your reason for appeal and documentation to support your appeal.

\* Types of appeal documentation that will be acceptable include:

### Medical or Personal Documentation:

- Medical statement from physician or other health care providers
- Medical bills
- Medical reports
- Obituary or Copy of Death Certificate of family member.
- Police Report
- Other related documentation

### Financial Hardship Documentation:

- Loss of income –check stubs, unemployment, etc.
- Disability
- Workman's Compensation
- Loss of Pensions
- Social Security Income
- Loss of Child Support or Alimony
- Other miscellaneous decreased income sources

**I verify that all of the above statements and attached documentation are true and accurate.**

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

For OFFICE Use Only: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Comment \_\_\_\_\_

Signature of IRP Representative \_\_\_\_\_ Date \_\_\_\_\_

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