Financial Aid Appeal Form



Please print clearly or type. Attach a) the financial aid appeal form, b) your personal statement, and c) any supporting documentation. Return documents by fax, email, in person, or by regular mail.

(documentation required) □ Reinstatement based on grades □ Death of immediate family member (documentation required) □ Date of enrollment:	ne (Last, First, M.I.) eet Address City		Student Identification #			
REASON FOR APPEAL Student was ill or severely injured (documentation required) Date of illness:			Stat	e	Zip Code	
REASON FOR APPEAL Student was ill or severely injured (documentation required) Date of illness:						
Student was ill or severely injured (documentation required) Date of enrollment:	phone/Al	Iternative phone	Personal E-	mail Addr	ress	
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□ Reinstatement based on grades □ Death of immediate family member (documentation required) □ Other □ Date of occurrence: □ □ Date of occurrence: □ □ Date of occurrence: □ □ □ Date of occurrence: □ □ □ Date of occurrence: □ □ □ Other □ □ St this your first financial aid appeal at any school? Yes No • Are you currently enrolled in classes at SEARK? Yes No • Have you ever received financial aid assistance (Pell, loans)? Yes No □ Attach personal statement to show what has changed in your situation and what will you do differently to ensure academic success. • Do not include how much you need the money. This committee can only consider factors related to academic progress and make allowances within Federal guidelines relating to academic progress. • It is your responsibility to know the College's policies. Do not place blame on your academic advise instructor or your financial aid officer. • Additional appeals will not be considered if the student does not comply with the terms of the first a • What semester are you requesting financial assistance? *Fall **Spring ***Summer Appeal submission deadlines: *August 1 for Fall **December 1 for Spring ***April 1 for Summ (Appeals submitted after the term deadline will be considered for the next term of enrollment.) Note: Any and all documents that are submitted to support this appeal will be reviewed by the Appeals Committee, including medical records. By signing below, I authorize the release of information to the		Student was ill or severely injured	Date of illne	Date of illness:		
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