

Financial Aid Appeal Form



OFFICE OF FINANCIAL AID

SOUTHEAST ARKANSAS COLLEGE

1900 Hazel St. Pine Bluff, AR 71603
Phone: (870) 543 - 5909 FAX: (870) 850 - 8516
E-mail: finaid@seark.edu

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.

Name (Last, First, M.I.)

Student Identification #

Street Address

City

State

Zip Code

Cell phone/Alternative phone

Personal E-mail Address

REASON FOR APPEAL

- Student was ill or severely injured (documentation required) Date of illness: _____
 - Reinstatement based on grades Date of enrollment: _____
 - Death of immediate family member (documentation required) Date of occurrence: _____
 - Other Date of occurrence: _____
- _____

- Is 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 advisor, an instructor or your financial aid officer.
 - ◆ Additional appeals will not be considered if the student does not comply with the terms of the first appeal.

- What semester are you requesting financial assistance? *Fall _____ **Spring _____ ***Summer _____
Appeal submission deadlines: ***August 1 for Fall** ****December 1 for Spring** *****April 1 for Summer**
(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 Appeals Committee and authorized Financial Aid staff.

Signature: _____ Date: _____ 10/20/17