



OFFICE OF FINANCIAL AID

Tennessee PROMISE/Reconnect/HOPE Appeal Form

Appeals must be submitted during the fiscal year (July 1 – June 30) for eligibility to be considered for the current aid year.

Name: _____

WS ID: _____

For which semester are you appealing? _____ (you must address each semester separately)

Please choose: TN Promise or TN Reconnect OR HOPE

1. Indicate the type of appeal:

Note: If you lost your scholarship due to GPA, you are not eligible to appeal.

- Enrolled less than number of required hours (12 for TNP/6 hrs for TNR)
- Completely withdrawing from the term
- Non-continuous enrollment for one or more semesters
- Change in enrollment status after census
- Medical or personal leave of absence

2. Indicate the reason for appeal:

- Severe illness, medical condition, or disability of the student or immediate family member
- Death of immediate family member
- Extreme financial hardship of the student or student's immediate family
- Fulfillment of a religious commitment expected of members of the student's faith
- Military service
- Extraordinary circumstances beyond the student's control

Required Documentation:

Appeals will not be reviewed without verifiable documentation.

- ❖ Detailed letter, signed by the student, explaining the request for a leave of absence/appeal and what has changed to allow you to come back and be successful.
- ❖ Supporting documentation (see reverse side for examples of acceptable documentation)

Please read and initial the statements below:

____ I verify that all information and documents I have provided are true and correct.

____ I understand if my Leave of Absence/Appeal request is approved, my Tennessee Promise/Reconnect/HOPE Scholarship will be reinstated beginning the semester I resume my education. If this request is denied or I take a leave of absence without approval, I will lose my Tennessee Promise/Reconnect/HOPE Scholarship for all subsequent semesters, and I will be responsible for any fees owed to the college.

Student Signature: _____

Date: _____

For Office Use Only:

Request is Approved Denied

Signature of Appeals Committee Member: _____ Date: _____

Comments: _____

Initial after updating: FAST____ RPAAWRD____ Decision Letter____ ROAUSDF____ RRAAREQ____ ROAMESG____

Reason for Appeal/Leave of Absence	Appropriate Documentation Examples
Severe Illness or Medical Condition of the Student	<ul style="list-style-type: none"> • Statement from a medical doctor or other licensed healthcare provider indicating the patient's name, type of illness or injury, the date of onset, length of illness, and whether or not the student is still under medical care. That statement must be on appropriate letterhead. • Official medical documentation
Severe illness or death of an Immediate Family Member (Parent, Sibling, Spouse, or Child) with whom the student lives	<ul style="list-style-type: none"> • Statement from a medical doctor or other licensed healthcare provider indicating the type of illness or injury, the date of onset, and whether or not the family member is still under medical care. That statement must be on appropriate letterhead. • Copy of obituary • Copy of an official death certificate
Extreme Financial Hardship of Student or Immediate Family with whom the Student lives or upon whom the Student is Dependent	<ul style="list-style-type: none"> • A letter explaining, in detail, the nature of the extreme financial hardship and what action the student and/or family is taking to deal with the situation. • Documentation of the current family income, outstanding bills or medical expenses • Copies of any active bankruptcy, foreclosure, court documentation, or any other papers that will support the basis for appeal
Fulfillment of Religious Commitment of all Students in a Specific Faith	<ul style="list-style-type: none"> • A letter indicating the name of the religion, how and when the student became a member of that religion, and the contact information of the local branch with which the student is affiliated. • A letter from a clergy member or officer of the local branch of the religion stating what type of religious commitment is required of the student, when the commitment must be fulfilled, the time frame for fulfilling that commitment, and who is expected to fulfill that commitment
Military Obligation of Student or of Immediate Family Member with Whom the Student lives or upon whom the Student is Dependent	<ul style="list-style-type: none"> • Copy of activation letter for student/ immediate family member who is activated. • DD214 or other official document indicating service or training dates
Extraordinary Circumstance beyond the student's control	<ul style="list-style-type: none"> • Legal documents • Police reports • Statement from a professional source or other appropriate documents that verify the situation and how attendance of the student would create a substantial hardship

Upon completion, please return to:

**Walters State Community College
Attn: Financial Aid
500 S. Davy Crockett Pkwy.
Morristown, TN 37813**

**Fax: (423) 585-6763
Phone: (423) 585-6811**