## Office of Financial Aid

1510 Lake Road, Dyersburg, TN 38024 Ph: 731-286-3350 / Fax: 731-286-3354

Financial Aid & Scholarship Appeals Committee

financialaid@dscc.edu



## Tennessee Promise, Reconnect and TELS Scholarship Appeal Form

Complete the following information and return to the Office of Financial Aid DSCC Student ID: Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Semester Aid/Leave of Absence Requested:

Date Submitted: Neither DSCC nor TSAC is able to make exceptions to the GPA requirement, regardless of extenuating circumstances. Although your appeal may be granted for one of the reasons below, you will not be eligible for a TN Promise/Reconnect/TELS award unless you meet the GPA requirements. TN Promise Scholarship TN Reconnect Scholarship TELS Scholarship (Hope, Aspire, GAMS or Access) ☐ Failure to enroll in the Fall ☐ Dropping below half-time ☐ Changing from full-time to Semester immediately enrollment part-time or part-time to following high school □ Completely withdrawing less than half-time ☐ Changing from full-time to from college ☐ Completely withdrawing part-time ☐ Non-continuous from college Completely withdrawing enrollment for one or ☐ Non-continuous enrollment from college more semesters for one or more semesters ☐ Non-continuous enrollment ☐ Request a leave of ☐ Request a leave of absence for one or more semesters absence for one or more for one or more semesters semesters ☐ Request a leave of absence for one or more semesters Students should anticipate a minimum of three weeks for the Appeal Committee to review and make a decision. Appeals should be submitted in before the priority dates of July 1 for fall, Dec. 1 for spr, and May 1 for sum. An appeal lacking extenuating circumstances or adequate documentation will not be reviewed. Students will be notified if their appeal information was insufficient. Students are notified of the appeal decision by email, via their MyDSCC account. Students' Degree Works will be reviewed to determine hours needed for degree. Loss of eligibility for a scholarship does not affect a student's right to enroll at Dyersburg State Community College as a paying student. Students who have filed an appeal are responsible for paying their own fees to secure their classes. Student Signature Date \*\*For Office Use Only \*\* Approved, based upon \_\_\_\_\_ Academic plan Denied, will reconsider based upon \_\_\_\_\_ Denied, based upon \_\_\_

Date

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What happened?  Property of the property of th	ovide a specific and concise written statement describing the asons for and circumstances surrounding your lack of sufficient ogress. You should focus on all academic terms and/or courses which you registered but did not successfully complete. Ovide a specific and concise written statement describing the asons why you need a leave of absence.
What is going to  change you in the future?  er  ac  you  Pr	ovide a detailed explanation of the measures you have taken to sure that your academic performance will improve and/or tions you have taken to correct the circumstances that prevented ur prior lack of academic progress. ovide a brief description of your future plans for returning to nool.
ao you nave to	ease provide the appropriate documentation for the applicable asons listed on your personal statement.
Have you turned it in?  For for for Fare Fare Fare Fare Fare Fare Fare Far	ease provide all the documents listed above, <u>and the Appeal</u> rm to the DSCC Office of Financial Aid. Forms can be sent by the lowing methods: x to 731-286-3354 hail to financialaid@dscc.edu bmit at any DSCC location

Reason for Appeal	Appropriate Documentation Examples
Major Illness (Physical or Mental) of Student	<ul> <li>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 student is still under medical care. This statement must be on appropriate letterhead.</li> </ul>
Major Illness (Physical or Mental) of an Immediate Family Member	<ul> <li>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 person is still under medical care. This statement must be on appropriate letterhead.</li> </ul>
Death of an Immediate Family Member	<ul> <li>Copy of an obituary and documentation showing student relationship to deceased person.</li> <li>Copy of an official death certificate.</li> </ul>
Extreme Financial Hardship of Student or Immediate Family with Whom the Student Lives	<ul> <li>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.</li> <li>Documentation of the current family income, outstanding medical expenses not covered by insurance, etc.</li> <li>Copies of court documents that support the appeal.</li> </ul>
Fulfillment of Religious Commitment of all Students in a Specific Faith	<ul> <li>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 brank with which the student is affiliated.</li> <li>A letter from a cleric or officer of the local brank 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.</li> </ul>
Vehicle Accident or Problems with Vehicle	<ul> <li>Police report from accident.</li> <li>Medical documentation, if applicable.</li> <li>Repair invoices/detailed receipts.</li> </ul>
Military Obligations of Student or Immediate Family Member with Whom the Student lives	<ul> <li>Copy of activation letter for student/immediate family member who is activated.</li> </ul>
Relocation	<ul> <li>Proof of change of address, including but not limited to a lease, utility bill, car registration, or driver's license.</li> </ul>
Other Circumstances	<ul> <li>You may provide a letter of support from someone who is familiar with your specific circumstances. The letter must include the individual's signature and telephone number.</li> <li>This letter may be from a DSCC faculty member, advisor, clergy, or other professional individual knowledgeable of your situation. Letters from immediate family members are discouraged.</li> <li>A letter of support may be combined with any other documentation.</li> </ul>