



Please Check the Applicable Box(es):

TELS APPEAL
TN PROMISE APPEAL

STATE OF TENNESSEE
TENNESSEE STUDENT ASSISTANCE CORPORATION
SUITE 1510, PARKWAY TOWERS - 404 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0820
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www.tn.gov/CollegePays

TENNESSEE EDUCATION LOTTERY SCHOLARSHIP / TN PROMISE SCHOLARSHIP APPEAL FORM

Please complete the information below. Send this form with a letter providing an explanation for your appeal and the following supporting documentation, as applicable: official college transcript(s), a copy of the denial letter from the Institution Review Panel (IRP), the community service denial letter and any additional documentation supporting your appeal to TSAC.Appeals@tn.gov or mail the appeal to the above address. This form and supporting documentation must be received within forty-five (45) calendar days from the date of the IRP denial. An appeal submitted to TSAC, not previously reviewed by an IRP, must be received within forty-five calendar days from the date appeal is filed with TSAC. Additional information can be found at <https://www.tn.gov/collegepays/article/TELS-Program-and-TN-Promise-Scholarship-Appeals-and-Exceptions>.

Name: _____ Last 4 SSN: _____

Mailing Address: _____ City, State, and ZIP: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Are You Currently Enrolled: YES NO If currently enrolled, please indicate which institution: _____

Last Semester Enrolled: _____ List all Postsecondary Institutions Attended (if applicable): _____

Reason for Denial (if Applicable)

- Change from full-time to part-time
- Withdrawal from college
- Failure to attend college within sixteen months of graduation from high school (provide official high school transcript/GED)
- Failure to Meet Verification Deadline
- Denial Enclosed / Attached

Reason for Appeal to TSAC

- Personal Illness
- Illness or death of immediate family member
- Extreme financial hardship
- Religious commitment
- Other extraordinary circumstances beyond student's control
- Military

Supporting Documentation Provided (General)

- Letter
- Official College Transcript(s)

Medical or Personal

- Medical Statement from physician or other health care providers
- Medical Bills
- Medical Reports
- Death Notice
- Police Report
- Other Related Documentation

Financial Hardship

- Check Stubs
- W-2 Form(s)
- Disability
- Workman's Compensation
- Interest Income
- Pensions
- Social Security Income
- Child Support
- Alimony
- Other Miscellaneous Income Sources

Debts

- Mortgage/Rent Receipts
- Automobile Payments
- Gas Receipts
- Public Transportation
- Utilities (Electric, Water, Gas, Telephone, etc.)
- Dependent Care
- Credit Card Statements
- Bankruptcy
- Student Loans
- Insurance (Car, Health, Life, etc.)
- Medical Bills
- Other Misc. Expenses (Cable, Internet, Groceries, etc.)

By submitting this appeal you attest that all of the above statements, attached narrative and documentation are true and accurate.