



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) 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. If an appeal is submitted directly to TSAC and not previously reviewed by an IRP, any additional supporting documentation that may be required must be received within forty-five (45) calendar days of the filing date. 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)
- 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 provider
- Medical Bills
- Death Notice
- Police Report
- Other Related Documentations

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 I attest that all of the above statements, attached narrative and documentation are true and accurate.