



TENNESSEE STUDENT ASSISTANCE CORP

TENNESSEE EDUCATION LOTTERY SCHOLARSHIP (HOPE / DUAL ENROLLMENT GRANT) / TENNESSEE PROMISE / TENNESSEE RECONNECT APPEAL FORM

Please Check all that Apply: \_\_\_ TELS (HOPE / DEG) APPEAL | \_\_\_ TN PROMISE APPEAL | \_\_\_ TN RECONNECT APPEAL

Complete this form and send it to TSAC along with the following information, as applicable: letter providing an explanation for your appeal, official college transcripts, copy of the denial letter from the Institution Review Panel (IRP), enrollment verification, and any additional documentation supporting your appeal. This form and all supporting documentation must be received within forty-five (45) calendar days from the date of the IRP denial letter. Appeals submitted directly to TSAC without previous review by an IRP must provide all supporting documentation within forty-five (45) calendar days of the original filing date with TSAC. Additional information can be found at TSAC - Appeals and Exceptions.

NAME: \_\_\_\_\_ SSN4: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY, ST ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ALT CONTACT NAME: (optional, e.g., parent): \_\_\_\_\_ EMAIL: \_\_\_\_\_

LOSS OF ELIGIBILITY OCCURRED: SEMESTER \_\_\_\_\_ YEAR \_\_\_\_\_ INSTITUTION (if applicable): \_\_\_\_\_

INSTITUTION ATTENDING IF CURRENTLY ENROLLED: \_\_\_\_\_

REASON FOR LOSS OF SCHOLARSHIP

- DROP FROM FULL-TIME TO PART-TIME IN SAME SEMESTER
WITHDRAWAL FROM COLLEGE
FAILURE TO ATTEND W/IN 16 MOS OF HS GRADUATION
MISSED APPLICATION DEADLINE
TN PROMISE DELAYED ENROLLMENT

JUSTIFICATION FOR APPEAL TO TSAC

- PERSONAL ILLNESS
ILLNESS / DEATH OF IMMEDIATE FAMILY MEMBER
EXTREME FINANCIAL HARDSHIP
RELIGIOUS COMMITMENT / MISSION
MILITARY SERVICE
PREGNANCY
INTERNSHIP
CONDITIONAL ACCEPTANCE INTO PROGRAM
CIRCUMSTANCES BEYOND STUDENT'S CONTROL/OTHER

REQUIRED SUPPORTING DOCUMENTATION

- STUDENT LETTER DESCRIBING REASON FOR APPEAL
OFFICIAL COLLEGE TRANSCRIPT(S)
PROOF OF CURRENT ENROLLMENT
DENIAL LETTER FROM IRP (IF APPLICABLE)

OTHER SUPPORTING DOCUMENTATION (INCLUDE ANY OF THE FOLLOWING THAT SUPPORTS YOUR APPEAL)

- MEDICAL STATEMENT FROM PHYSICIAN OR OTHER HEALTH CARE PROVIDER AND RELEASE DATE TO RETURN TO SCHOOL - NOTE: ALL MEDICAL DOCUMENTATION MUST BE ON THE PROVIDER'S LETTERHEAD
DEATH CERTIFICATE OF IMMEDIATE FAMILY MEMBER
PROOF OF INCOME (W-2, TAX RETURNS, PAY STUBS, SSI, CHILD SUPPORT, ETC.)
DEBTS / BILLS (MORTGAGE / RENT, CAR PAYMENTS, UTILITIES, MEDICAL BILLS, CHILD CARE, CREDIT CARD STATEMENTS, STUDENT LOANS, INSURANCE, ETC.)
LETTER FROM RELIGIOUS ORGANIZATION
POLICE / ACCIDENT REPORT
MILITARY SERVICE / DISCHARGE DOCUMENTATION
BIRTH CERTIFICATE OF CHILD
PROOF OF ACCEPTANCE INTO PROGRAM OF STUDY

By checking this box, I acknowledge that information contained in this appeal may be sent to the alternate contact and email address listed on this form, and further acknowledge that failure to submit my appeal within the 45 calendar-day time limit will automatically result in the permanent closure of my appeal. My completion of this acknowledgment statement is required for TSAC to process this appeal.

Email completed form and documentation to: TSAC.Appeals@tn.gov or mail to: TSAC Scholarship Appeals Panel Tennessee Student Assistance Corporation

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