

Tennessee Promise, Reconnect and TELS Scholarship Appeal Form

Complete the following information and return to the Office of Financial Aid

Name: _____ 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

- Failure to enroll in the Fall Semester immediately following high school
- Changing from full-time to part-time
- Completely withdrawing from college
- Non-continuous enrollment for one or more semesters
- Request a leave of absence for one or more semesters

TN Reconnect Scholarship

- Dropping below half-time enrollment
- Completely withdrawing from college
- Non-continuous enrollment for one or more semesters
- Request a leave of absence for one or more semesters

TELS Scholarship (Hope, Aspire, GAMS or Access)

- Changing from full-time to part-time or part-time to less than half-time
- Completely withdrawing from college
- Non-continuous enrollment for one or more 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 _____

 Financial Aid & Scholarship Appeals Committee

 Date

Checklist	What You Need To Do
<p>✓ Step 1:</p> <p>Have you completed the FAFSA?</p>	<ul style="list-style-type: none"> • Appeals will not be reviewed without a complete FAFSA. Go to https://studentaid.gov/h/apply-for-aid/fafsa to file your FAFSA.
<p>✓ Step 2:</p> <p>What happened?</p>	<ul style="list-style-type: none"> • Provide a specific and concise written statement describing the reasons for and circumstances surrounding your lack of sufficient progress. You should focus on all academic terms and/or courses for which you registered but did not successfully complete. • Provide a specific and concise written statement describing the reasons why you need a leave of absence.
<p>✓ Step 3:</p> <p>What is going to change in the future?</p>	<ul style="list-style-type: none"> • Provide a detailed explanation of the measures you have taken to ensure that your academic performance will improve and/or actions you have taken to correct the circumstances that prevented your prior lack of academic progress. • Provide a brief description of your future plans for returning to school.
<p>✓ Step 4:</p> <p>What documentation do you have to support your reasoning?</p>	<ul style="list-style-type: none"> • Please provide the appropriate documentation for the applicable reasons listed on your personal statement.
<p>✓ Step 5:</p> <p>Have you turned it in?</p>	<ul style="list-style-type: none"> • Please provide all the documents listed above, <u>and the Appeal Form</u> to the DSCC Office of Financial Aid. Forms can be sent by the following methods: <ul style="list-style-type: none"> • Fax to 731-286-3354 • Email to financialaid@dsc.edu • Submit at any DSCC location

Reason for Appeal	Appropriate Documentation Examples
Major Illness (Physical or Mental) of Student	<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 student is still under medical care. This statement must be on appropriate letterhead.
Major Illness (Physical or Mental) of an Immediate Family Member	<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 person is still under medical care. This statement must be on appropriate letterhead.
Death of an Immediate Family Member	<ul style="list-style-type: none"> • Copy of an obituary and documentation showing student relationship to deceased person. • Copy of an official death certificate.
Extreme Financial Hardship of Student or Immediate Family with Whom the Student Lives	<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 medical expenses not covered by insurance, etc. • Copies of court documents that support the 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 cleric 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.
Vehicle Accident or Problems with Vehicle	<ul style="list-style-type: none"> • Police report from accident. • Medical documentation, if applicable. • Repair invoices/detailed receipts.
Military Obligations of Student or Immediate Family Member with Whom the Student lives	<ul style="list-style-type: none"> • Copy of activation letter for student/immediate family member who is activated.
Relocation	<ul style="list-style-type: none"> • Proof of change of address, including but not limited to a lease, utility bill, car registration, or driver's license.
Other Circumstances	<ul style="list-style-type: none"> • 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. • 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. • A letter of support may be combined with any other documentation.