

Tri-County Technical College
Financial Aid Appeal Form

ONCE THIS FORM IS COMPLETED IN ITS ENTIRETY IT MAY BE TURNED IN TO THE FINANCIAL AID OFFICE.

Please print clearly and in ink.

Student's Name: _____ ID Number T _____

Email: _____ Phone #(Day): _____(Evening): _____ (Cell): _____

Current Address: _____

Directions: Items one (1) and two (2) must be completed in order for your appeal to be considered.

1. Please indicate reason for appeal:

- Illness (Must have occurred during semester(s) of academic difficulty)
- Change in family situation (separation/divorce)
- Death of a family member (parent, grandparent, child, grandchild, brother, sister)
- Employment change
- Qualifying circumstance with documentation (examples: family catastrophe, personal tragedy, military deployment)
- Program/Major change (currently in maximum timeframe – must see a Financial Aid Counselor)

2. Submit a letter explaining the specific reason(s) that led to your current Financial Aid Suspension and what changes you will make to improve your academic progress if your appeal is approved. Be specific. (Attach letter to this form and turn in to the Financial Aid front desk.)

I certify the information provided is true and complete to the best of my knowledge and submitting without documentation will result in this appeal being denied. I understand this information will be used to determine eligibility for federal aid. **I understand if my appeal is denied, I am responsible for the full cost of tuition, fees, books, or other debts owed to Tri-County Technical College.** I also have read and understand that obtaining funds through means of a willfully false statement or through failure to reveal material fact, condition or circumstances affecting eligibility, will be subject to applicable civil or criminal penalties, including loss of federal funds.

Student's Signature: _____ Date: _____