

ETSU Tennessee Education Lottery Scholarship Appeal Form

Complete the following information and submit your appeal (including your statement and supporting documentation) to the Office of Financial Aid, Box 70722, ETSU, Johnson City, TN; Fax 423-439-5855; Room 105 Burgin Dossett Hall.

Name: _____ E#: _____

Address: _____
Street City State Zip

Email: _____ Phone: () _____

Neither ETSU 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 TELS award unless and until you meet the GPA requirements.

Indicate the type of appeal:

- I changed from full-time to part-time after the last date to drop without a "W"
- I changed from part-time to less than half-time after the last date to drop without a "W"
- I withdrew from all classes
- I did not/will not enroll for one or more required Semesters

Indicate the reason for the appeal:

- Illness of student
- Illness or death of immediate family member
- Extreme financial hardship
- Other extraordinary circumstances beyond student's control
- Religious commitment expected of all members of your faith

In which semester did (or will) the above event occur? _____

If you are not currently enrolled, in which semester will you reenroll? _____

Have you previously filed a TELS appeal for any reason? Yes No

Please provide the following information:

1. Attach a detailed statement that is typed or legibly written, explaining your petition for eligibility and what actions you have taken to correct the situation (if applicable).
2. Enclose copies of supporting documentation (such as a statement from a medical doctor, advisor, psychologist, counselor, pastor, death certificate, or financial records)

Appeals will not be reviewed without verifiable documentation.

Please initial after reading the following statements:

_____ I verify that all of the above statements and my attached explanation and documentation are true and accurate.

_____ I authorize the release of my information to the Tennessee Student Assistance Corporation for review of my appeal.

_____ I understand that I cannot appeal the TELS GPA requirement and that neither ETSU nor TSAC is able to make exceptions to the TELS GPA requirement, regardless of extenuating circumstances.

Student Signature: _____ Date: _____

Please Note:

You should receive a response via your e-mail within 14 business days of filing a complete appeals packet.