

**Financial Aid
Tennessee Education Lottery Scholarship
Appeal Form**

Complete the following information and return to the Financial Aid Office, Room 218, Cope Administration Building. Please allow 14 days for consideration of your appeal.

Name: _____				
Last	First	Middle	Maiden Name	
Social Security Number: _____		Telephone Number: _____		
Address: _____				
Street	Apt. #	City	State	Zip Code
Email Address: _____		@	Campus PO Box: _____	

Which semester are you appealing? _____

Indicate the type of appeal:

- Change in enrollment status
- Withdrawal from the university

Indicate the reason for the appeal:

- Personal Illness
- Illness or death of immediate family member
- Extreme financial hardship
- Military service
- Other extraordinary circumstance beyond student's control

To submit an appeal, provide the following information:

1. Attach a **detailed** letter 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 death certificate or statements from medical doctors, advisors, psychologists, etc.) **Appeals will not be reviewed without verifiable documentation.**

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

Student Signature: _____ Date: _____

For Office Use Only **Print TLS screen and attach to form.**	
Request is:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Signature of IRP or Director: _____	Date: _____
Comments: _____	

Initial after updating: Egrands _____ TLS _____ 318 _____ Decision Letter _____	