

APPEAL FOR REINSTATEMENT OF FINANCIAL AID

STUDENT: Please complete sections A-C of this form and attach supporting documentation, if required.

Section A: Student Information

NAME: _____

Student ID #/Last 4 of SSN _____

Address: _____

City, State, Zip: _____

Home Campus: _____ Dale Mabry _____ Brandon _____ Ybor City _____ Plant City _____ South Shore

Academic year/term for which the student is appealing _____

Type of aid for which student is appealing _____ Grants _____ Loan(s) Stafford _____ Work

Has the student received financial aid in the past? _____yes _____no

Degree that the student is pursuing at HCC: _____ A.A _____ A.S _____ A.A.S _____ P.S.A.V
_____ Approved College Credit Certificate Program

Section B: (Criteria for Appeal) (Check at least one)

- _____ 1. First term the student is requesting financial aid assistance.
- _____ 2. The student is unsatisfactory or on probation resulting from transfer credits.
- _____ 3. An unusual circumstance **beyond the student's control** that disadvantaged the applicant in her/his ability to maintain either GPA or completion rate requirements: **examples**-extensive illness of student or an immediate family member, death in the immediate family, divorce, or Disability by the Rehabilitation Act of 1973 (Section 504) or the American with Disabilities Act (28 CRF, part 35). **Attach supporting documentation.**
- _____ 4. An institutional requirement to be enrolled either in college preparatory and/or ESL coursework that extended the time to receive an A.A. or A.S. degree beyond the program length.
- _____ 5. A student who earned over 150% of the required credit hours for the current program of study and successfully complete last term. Provide print out of classes outstanding to complete current degree. **Request print out from Academic Advisor and Counselor. Only classes required to complete your degree at HCC will be considered.**
- _____ 6. The overall academic progress is unsatisfactory; however, **progress for the last term of enrollment was satisfactory.**
- _____ 7. Voluntarily did not attend HCC for at least the past two years & is returning to complete an AA, AS or an approved Financial Aid program.

Section C: (Student's Signature and Certification)

I certify that the financial aid appeals process has been explained to me. I understand that the decision of the Financial Aid Administrator is valid. If denied, a notice is sent by the Director of Financial Aid. If approved, a notice is sent by the campus Financial Aid Counselor/Manager.

Student's Signature

Home Campus

Date

Section D: (For Financial Aid Office Use Only)

Academic Year/Semester _____

Action Taken: _____ Approved _____ Recommended for Denial _____

Explain reasons for recommended denial on reverse side of this form.

Signature of FA Counselor/Manager

Date

