



# Wytheville Community College

## Appeal for Reinstatement of Financial Aid

If you wish to appeal the loss of your eligibility for financial aid, please complete this form and attach supporting documents. **Appeals submitted without supporting documents will be rejected.** Once this appeal form has been completed, please print and deliver it to the financial aid office with appropriate documentation. You may also submit this form via e-mail as an attachment to [askfinaid@wcc.vccs.edu](mailto:askfinaid@wcc.vccs.edu).

Student's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Soc Sec #: \_\_\_\_\_ EMPLID #: \_\_\_\_\_

Program of Study \_\_\_\_\_ I have completed a FAFSA for this year **Yes**  **No**

This is my first appeal to have my financial aid reinstated. **Yes**  **No**

I would like my financial aid eligibility re-evaluated for the semester checked below:

**Fall 2019**       **Spring 2020**       **Summer 2020**

	<b>Priority Deadline</b>	<b>Final Deadline for term</b>
<b>Fall 2019</b>	July 1, 2019	August 21, 2019
<b>Spring 2020</b>	November 1, 2019	January 15, 2020
<b>Summer 2020</b>	April 1, 2020	May 25, 2020

**If you submit an appeal after the deadline, it will automatically apply to the next semester.**

### **Reason for Appeal:**

Students may appeal the loss of their financial aid eligibility if it was caused by unusual mitigating circumstances. This appeal is based on the situation(s) checked below:

Personal illness or illness of an immediate family member. (Attach a statement from a family physician attesting to the medical condition.)

Death of an immediate family member. (Attach a copy of the obituary or death certificate.)  
Relationship: \_\_\_\_\_

Other unusual mitigating circumstances. (Please provide a typed explanation and supporting documents – i.e. court records, police reports, letter from counselor or another unbiased third party who is not a family member, etc.)

Name \_\_\_\_\_ SS# \_\_\_\_\_ EMPLID # \_\_\_\_\_

**Your appeal will not be considered without your initials to show you have read and understand the following conditions.**

By submitting this appeal, I certify that I have read and agree to the following. Initial on the line following each statement:

- I understand that appeals turned in without supporting documents will be denied. \_\_\_\_\_
- I understand that I must attach a typed statement, explaining in detail the reason why I failed to make Satisfactory Academic Progress and what circumstances have changed so that I will be successful. \_\_\_\_\_
- I understand that handwritten appeals will be denied. \_\_\_\_\_
- Decisions on appeals are processed on a case-by-case basis. \_\_\_\_\_
- I have read the WCC SAP policy and understand why I am not making satisfactory academic progress. \_\_\_\_\_
- I understand that my WCC transcript cannot serve as my supporting documentation. \_\_\_\_\_
- If approved, I will be expected to read, complete, sign, and comply with the SAP agreement form (reinstatement letter) that will be sent to my student email. \_\_\_\_\_
- I understand that the decision is final and not subject to reconsideration by any party. \_\_\_\_\_
- I understand that I may have to provide more information to the financial aid office to complete the processing of my aid application, even if this appeal is granted. \_\_\_\_\_
- I understand that even if my appeal is reinstated that I will not be eligible for student loans until I am meeting Satisfactory Academic Progress. \_\_\_\_\_
- I understand if I owe money to WCC as a result of Return of Funds, my appeal will not be considered by the committee until the amount has been paid in full. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Typed statement, explaining in detail the reason why I failed to make Satisfactory Academic Progress and what circumstances have changed so that I will be successful.