

**Sowela Technical Community College**

Financial Aid Appeal Form

(Please Print)

Student Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Program of Study: \_\_\_\_\_

Semester you are applying for financial aid: \_\_\_\_\_

Have you completed a FAFSA application? \_\_\_\_\_

Type of aid you are appealing to receive: Pell Grant, VA benefits, Tuition Exempt, GI Bill

Please read, initial each statement that applies to you and sign below or this form will be returned to you.

\_\_\_\_\_ I have attached a **typed** letter explaining why I need to appeal for financial aid.

\_\_\_\_\_ I have explained in the letter why my GPA was below a 2.0, my completion rate is less then 67%, or why I have exceeded the 150% completion limit. **If you are appealing because you have reached the 150% completion limit, you must put your new anticipated completion date.** \_\_\_\_\_

\_\_\_\_\_ I have attached documentation if applicable that will assist the appeals committee with evaluating my extenuating circumstances (doctor's note, hospital records, death certificate, divorce paper, restraining order, etc.).

\_\_\_\_\_ I understand that the appeal committee's decision is final and I will be notified by letter if my appeal was granted or denied.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Mail or Fax:**  
**Sowela Technical Community College**  
**Financial Aid**  
**P.O. Box 16950**  
**Lake Charles, LA 70615**  
**FAX # 337-491-2010**

<p><b>FOR OFFICE USE ONLY:</b></p> <p><b>DATE RECEIVED:</b> _____ <input type="checkbox"/> NSLDS <input type="checkbox"/> TRANSCRIPTS</p> <p><b>PREVIOUS APPEALS &amp; RESULT:</b> _____</p>
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