2014 – 2015

Financial Aid Suspension Appeal Form

The Financial Aid Office is required to ensure that students receiving financial aid are making reasonable progress towards completing their degree. For this reason, your academic transcripts are reviewed each semester to verify that you have completed the required number of hours (pace), maintained the minimum grade point average, and not exceeded the maximum number of cumulative hours allowed. If you have failed to make progress in one of these areas or a combination of these areas, you are required to complete this Financial Aid Suspension Appeal Form in order to be considered to continue to receive financial aid funds.

This form must be completed and returned within 10 business days following notification of suspension.

**Supporting documentation MUST be attached.**

Students may appeal the suspension of their financial aid. To file an appeal, the student must:

1. Complete this Appeal Form (must be completed in student’s own handwriting);
2. Attach Supporting Documentation;
3. Attach a Typed letter of Explanation
   a. Explaining what prevented you from being successful,
   b. Explaining how the situation was or will be resolved; and
4. Bring the completed Appeal Form and Supporting Documentation to the Financial Aid Office.

Name: ___________________________________________  ID: ______________________
Address: ____________________________________________________________________________
___________________________________________________________________________________
Daytime Phone # _______________________________  Cell Phone # _______________________

I wish to appeal the suspension of my financial aid for the reason(s) indicated below:

1. _____ Illness of student or immediate family member (child, spouse, wage earner, parent, etc.)
2. _____ Disaster - fire, flood, earthquake, hurricane, etc.
3. _____ Medical condition.
4. _____ Death of immediate family member.
5. _____ Loss of employment or change in employment status.
6. _____ Student’s separation or divorce.
7. _____ Extenuating circumstance not listed above. Please describe below: __________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ___________________________________________ __________________________
   Student Signature  Date

*Supporting documentation MUST be attached. For example, statements from medical doctors or psychologists, death certificate, lay-off notice from employer, separation papers, etc.

MAIL OR RETURN TO:
James Sprunt Community College, Attn: Financial Aid Office, PO Box 398, Kenansville, NC 28349