APPEAL FOR FINANCIAL AID ELIGIBILITY

This form is to be used by students who wish to appeal their loss of Federal or State financial aid at Jefferson Community College. Appeals will be considered by the Financial Aid Petitions Committee based on extenuating circumstances judged to be beyond the control of the student.

The Financial Aid Petitions Committee will meet periodically to review completed appeal requests. Completed requests received the day prior to the meeting will be considered.

Appeals will be considered for Federal Title IV Aid and/or New York State Aid. Federal Title IV Aid includes PELL, SEOG, Federal Stafford Loans, PLUS Loans, and Work-Study. New York State Aid includes the Tuition Assistance Program (TAP) and Aid for Part-Time Study (APTS). Appeals will be considered for extenuating circumstances such as illness during the semester, serious illness or death of an immediate family member, personal matters which involved professional counseling, or some other similar situation.

TAP or APTS waivers of the “regulations of the NYS Commission of Education concerning program pursuit and satisfactory academic progress” can only be granted one time for students in their college career.

All appeals for Financial Aid Eligibility must be accompanied by supporting documentation.

Last Semester Attended: ________________________________

Appeal for: _____ Federal Title IV _____ TAP/APTS _____ Both Title IV & TAP

Name ____________________________________________________

Student ID # J_________________________ Phone # ____________________________

Address ____________________________________________________________________
__________________________________________________________________________

- OVER -
Please describe the reasons surrounding your loss of financial aid eligibility. You should indicate any unusual or extraordinary conditions that you would like the committee to consider. You may attach additional sheets if necessary, and you should attach your supporting documentation:

Signature: ______________________________________ Date: ______________