



TENNESSEE PROMISE SCHOLARSHIP PROGRAM
TN PROMISE SCHOLARSHIP Appeal

Financial Aid Office

1665 Hampshire Pike, Columbia, TN 38401

phone: (931) 540-8267 | fax: (931) 540-2793 | email: financialaid@columbiastate.edu

Name: _____ Columbia State ID: A _____

Columbia State Email: _____ Phone: (____) _____

TSAC's TN Promise Scholarship Rules (1640-01-26-.06) states, "A student may be granted a medical or personal leave of absence from timely enrollment in the initial semester, full-time attendance, or continuous enrollment at an eligible postsecondary institution, as long as all other applicable eligibility criteria are met, for extraordinary circumstances beyond the student's control where attendance by the student creates a substantial hardship."

This appeal form will NOT be reviewed without verifiable documentation as outlined below:

To submit an appeal, provide the following information and submit along with this completed form:

- A detailed letter explaining your reason(s) for the appeal
- Copies of supporting documentation (death certificate; statement from doctor, religious leader, etc.)

I am filing a TN Promise Scholarship appeal because: *(please check one)*

- Unable to attend full-time
- Less than 12 hours needed to graduate (must provide Degree Audit signed by college official)
- Non-continuous enrollment (Leave of Absence request), for _____ semester
- Dropped below full-time enrollment (or stopped attending class(es))

My appeal is due to: *(please check one)*

- Illness of myself
- Illness or death of an immediate family member
- Extreme financial hardship of myself or my immediate family
- Religious commitment of myself (must be encouraged of all members of your faith)
- Military obligations of myself or an immediate family member
- Other extraordinary circumstance(s) beyond my control, explain _____

TN Promise Scholarship Appeal must be submitted to Columbia State Financial Aid Office prior to the beginning of the semester in which you are requesting a leave of absence, or want to be considered for reinstatement of the scholarship.

Semester I want to receive scholarship _____

(if you are appealing because you are unable to attend full-time, you must submit appeal prior to the semester you will be part-time).

*The Institutional Review Panel (IRP) will review your appeal within fourteen (14) calendar days of receipt of a properly filed appeal.

*The IRP will have seven (7) calendar days after their receipt of your appeal to render a decision to approve or deny the appeal.

*You will be notified within seven (7) calendar days of the IRP's decision via your ChargerNet email.

I understand that if my appeal is denied, I may receive a copy of my appeal documentation upon my request and then I may re-appeal to TSAC within forty-five (45) calendar days of the date of the denial notice: Tennessee Student Assistance Corporation
C/O TELS Award Appeals Panel
404 James Robertson Parkway, Suite 1950
Nashville TN 37243

<> I verify that all of the above information and attached documentation are true and accurate.

Student's Signature

Date

FOR OFFICE USE ONLY

Current Attempted Hours: _____ GPA: _____
FA Staff Reviewed: _____ Approved _____ Denied _____ Initials: _____ Date: _____ If applicable, Date sent to IRP: _____
IRP Reviewed: _____ Approved _____ Denied _____ Initials: _____ Date: _____
Updated: _____ Banner _____ eGrands _____ Student Notified-date: _____