NORTHEAST STATE
We're here to get you there

Tennessee Education Lottery Scholarship (TELS) Request for Leave of Absence

Please Note:
You should receive a response within 14 business days.

Complete the following information and return your request (including statement and documentation) to the Financial Aid Office. You may mail the form and accompanying paperwork to the Financial Aid Office, 2425 Hwy 75, PO Box 246 Blountville, TN 37617 or fax to 423.323.0232. Please allow 14 business days for consideration of your request.

Name: _____ **Phone: (_____)**_____ **Student ID:**_____

Address: _____
Street Apt. # City State Zip

Email Address: _____

Indicate the type of appeal:

- ☐ I will withdraw from all classes.
- ☐ I will not enroll for one or more required semesters.

Indicate the reason for the appeal:

- ☐ Illness of student
- ☐ Illness or death of immediate family member
- ☐ Extreme financial hardship
- ☐ Other extraordinary circumstance beyond student's control

In which semester will the above event occur? _____

In which semester do you expect to reenroll? _____

Have you previously submitted a TELS Request for Leave of Absence or TELS Appeal for any reason? ☐Yes ☐No

To appeal, provide the following information:

- Attach a detailed letter that is typed or legibly written, explaining your petition for eligibility, and what actions you have taken to correct the situation (if applicable).
- Enclose copies of supporting documentation (such as death certificate or statements from medical doctors, advisors, psychologists, etc.) **Appeals will not be reviewed without verifiable documentation.**

Please initial:

_____*I verify that all of the above statements and attached documentation are true and accurate.*

_____*I authorize the Northeast State Financial Aid Office to release information to the Tennessee Assistance Corporation for review of my request.*

_____*I understand that neither Northeast State nor TSAC is able to make exceptions to the GPA requirement, regardless of extenuating circumstances. I will not be eligible for a TELS award until I meet GPA requirements under the Regain Provision.*

Student Signature: _____ Date: _____

For Office Use Only Request is: ☐Approved ☐Denied

FAO Authorization: _____ Date: _____

Comments: _____

_____

Updated: ☐Egrands ☐SZATELS ☐RHACOMM ☐Decision Letter