

Tennessee Education Lottery Scholarship (TELS) Enrollment Status Appeal Form

Complete the following information and submit to:
Northeast State Financial Aid Office, 2425 Hwy 75, PO Box 246, Blountville, TN 37617

Name: _____ Student ID #: _____

Address: _____
Street Apt# City State Zip

Email: _____ Phone#: _____

Type of Appeal (check box that applies):

- I changed/will change from Full-time (12 hours or more) to less-than-full-time (1 to 11 hours)
- I changed/will change from Part-time (6 to 11 hours) to less-than-part-time (1 to 5 hours)
- I withdrew/will withdraw from all classes
- I did not/will not enroll for one or more required semesters
- I failed to enroll at a college/university within 16 months of high school graduation

Reason for the appeal (check box that applies):

- Illness of Student
- Illness or death of immediate family member
- Extreme financial hardship
- Military mobilization or active duty
- Other extraordinary circumstances beyond student's control

Which semester did/will this change occur? _____

If you are not currently enrolled, in which semester will you reenroll? _____

Have you previously filed a TELS appeal for any reason? _____ Yes _____ No

Please provide the following information:

- Attach a detailed letter that is typed or legibly written explaining your petition for eligibility and list the actions you have taken to correct the situation (if applicable).
- Enclose copies of supporting documentation (such as statements from a medical doctor, advisor, psychologist, counselor, pastor, death certificate, financial records, etc.)

Appeals will not be reviewed without verifiable documentation.

Please initial after reading the following statements:

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

_____ I authorize the release of my information to the Tennessee Student Assistance Corporation (TSAC) for review of my appeal.

_____ I understand that neither Northeast State nor TSAC is able to make exceptions to the GPA requirement, regardless of extenuating circumstances. Although my appeal may be granted for one of the reasons above, I will not be eligible for the TELS award unless and until I meet the GPA requirements.

Student Signature: _____ **Date:** _____

Please note: Please allow three weeks for consideration of your request. A response will be sent to you within three weeks of submission.

OFFICE USE ONLY: Approved Denied Egrands RPAAWRD RHACOMM Letter

Signature of IRP or Financial Aid Representative: _____ Date: _____