



**OFFICE OF FINANCIAL AID
APPEAL OF FINANCIAL AID
INELIGIBILITY FORM**

Instructions

1. Complete this form in its entirety
2. Sign and have your Program Director sign;
3. Return this form and all required supporting documentation, in person or via fax to:
**OFFICE OF FINANCIAL AID
LEWIS HALL, SUITE 1148
FAX #: 757-446-7993**

Note: Incomplete appeal forms and those without the requisite supporting documentation will be denied. Documentation must be received in the Office of Financial Aid within 5 days of submission of an appeal form.

Student Information

SSN:

Program:

Name: First: Last: Middle Initial: Suffix (Jr., Sr. etc):

Current Address: Address Line 1: Address Line 2:
City: State:

ZIP/Postal Code:

Telephone: (000)000-0000 Cell/Other Phone: (000)000-0000

Reason for Appeal

Reason for Appeal (select all that apply):	<input type="checkbox"/> Family Difficulties divorce, illness, or death of a family member <input type="checkbox"/> Personal illness, injury or disability <input type="checkbox"/> Interpersonal problems with friends, roommates or significant others <input type="checkbox"/> Financial difficulties that involve court proceedings such as
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	eviction, garnishment, or bankruptcy <input type="checkbox"/> Other special circumstances
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Please explain: 1) the specific circumstances that prevented you from making Satisfactory Academic Progress during the previous academic year; and 2) what steps you have taken to address those circumstances and how you will prepare yourself to regain Satisfactory Academic Progress. You may attach as many additional pages as needed to fully explain your individual circumstance(s). Personal statements that do not provide sufficient information to fully explain your situation may cause your appeal to be denied. Documentation of your individual situation must also be provided (see “Required Supporting Documentation” below).



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REQUIRED SUPPORTING DOCUMENTATION:

All Appeals must be accompanied by proper supporting documents. Appeals submitted without supporting documentation will be DENIED. Supporting documentation consists of the following third party documents:

1. Illness, injury or disability of the student or illness of a family member = medical documentation from the treating physician confirming the onset and duration of the illness
2. Difficulties that involve court proceedings = documentation from a court, magistrate or other official source showing the onset of the difficulty/start of the court proceedings.
3. Death in the family = copy of death certificate

Note: The Director of Financial Aid may, in her sole discretion, request additional/other documentation to support the reason for the appeal.

Signatures

By signing below, I hereby:

- certify that all states and information provided in this application are true and correct;
- authorize the EVMS Office of Financial Aid to investigate all statements contained in, and supporting documentation provided with, this application;
- agree to provide other information/supporting documentation that may be required/requested by the Office of Financial Aid; and
- acknowledge that submission of a Financial Aid Probation appeal does not guarantee that my appeal will be accepted, and that I should not depend on financial aid to pay for costs of registration, but should be prepared to pay my tuition from my own resources pending the outcome of my appeal.

Date: _____ Student Signature: _____

I hereby certify that it (check one):

is is not feasible for the student to meet satisfactory academic progress within one term and further that the program (check one) has has not established a remediation or other academic plan for the student.

Date: _____ Program
Director Signature: _____

For Office of Financial Aid Use Only

Date Received: _____

Date Additional Information Requested: _____