

Tennessee Education Lottery Scholarship (TELS) Appeal Form

Complete the following information and return to the Office of Student Financial Aid and Veterans Affairs, Room 216, Ellington Building; or you may mail to the address at the bottom of this form.

Name: _____	_____	_____	_____	_____
Last	First	Middle	Maiden Name	
Banner #: _____	Telephone Number: _____			
Address: _____	_____	_____	_____	_____
Street	Apt. #	City	State	Zip Code
Email Address: _____	@ _____	Campus PO Box: _____		

Which semester are you appealing? _____

Indicate the type of appeal:

- Change in enrollment status. I am requesting my enrollment be reduced to...
 Full-time (12 hrs or above) 3/4 Time (11-9 hrs) 1/2 Time (8-6 hrs) Less than 1/2 Time (5 hrs or below)
- Withdrawal from the university
- Loss of Scholarship

Indicate the reason for the appeal:

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

To submit an appeal, provide the following information:

1. 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).
2. 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.**

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

Student Signature: _____ Date: _____

For Office Use Only **Print SZATELS screen and attach to form.**
Request is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Signature of IRP or Director: _____ Date: _____
Comments: _____ _____
Initial after updating: Egrands _____ SZATELS _____ RPAAWRD _____ Decision Letter _____

Office of Student Financial Aid and Veterans Affairs
ATTN: Lottery Scholarship Appeals
P.O. Box 4546
Clarksville, TN 37044