

**2008-2009
FINANCIAL AID APPEAL FORM**

Last Name _____	First Name _____	Middle/Maiden _____
Street Address/ P O Box _____	City _____	State _____ Zip Code _____
/ / _____ Student Number	_____ Phone number (including area code)	_____ (Major)

This appeal is to receive financial aid for (mark one) :	Term:	Appeal due no later than:	Tentative Review Date
	<input type="checkbox"/> Fall 2008 (August-December 2008)	August 19, 2008	August 22, 2008
	<input type="checkbox"/> Spring 2009 (January- May 2009)	January 6, 2009	January 12, 2009
	<input type="checkbox"/> Summer 2009 (June-August 2009)	May 20, 2009	May 25, 2009
Reason for appeal (mark at least one) :	<input type="checkbox"/> GPA below minimum requirement <input type="checkbox"/> Fewer credit hours earned than required		

INSTRUCTIONS

- ✓ Complete ALL sections of the Financial Aid Appeal Form.
- ✓ Attach appropriate documentation (letter confirming medical treatment/illness, confirmation of death in immediate family, etc....).
- ✓ Attach a GSCC academic transcript. *Grades for the **most recent term** of enrollment (this includes the current term, if you are enrolled) must be included on the transcript.*
- ✓ Return the Financial Aid Appeal Form and all required forms to
 Gadsden State Community College
 ATTN: Financial Aid Office
 P O Box 227
 Gadsden, AL 35902-0227

This appeal will not be considered if you fail to follow the instructions listed above, you do not have a 2008-2009 Student Aid Report on file, or your financial aid file is incomplete. **Only one appeal will be considered by the Committee.** A student requesting more than one appeal should contact the Director of Financial Aid.

Contact our offices between 3:30 pm and 5:30 pm on the Tentative Review date(s) listed above for your appeal status.

For Office Use Only:

Date Received: _____	FAA Initials: _____
Decision: <input type="checkbox"/> Approved _____	
<input type="checkbox"/> Denied _____	
<input type="checkbox"/> Deferred _____	

