



HOPE SCHOLARSHIP DENIAL APPEAL

If you were denied HOPE Scholarship funds and believe there are extenuating circumstances that contributed to not meeting the requirements of the HOPE scholarship, please complete this form and return to the UTHSC Financial Office at 910 Madison Avenue #520. You will be notified within two weeks regarding your appeal. **If your appeal is denied, you have the right to appeal to TSAC within 45 days of notification of the denial: Tennessee Student Assistance Corporation, Lottery Scholarship Award Appeals Panel, Suite 1510, Parkway Towers, 404 James Roberson Parkway, Nashville, TN 37243**

STUDENT BANNER # _____

NAME _____
Last First Middle

PLEASE CHECK THE REASON FOR YOUR APPEAL:

☐ **Illness of student** – Attach a letter from the student’s doctor indicating the type of illness, the date of the onset, and if the student is still under a doctor’s care or has been released.

☐ **Illness of an immediate family member (parent, stepparent, sibling, or other household member)** – Attach a letter from the doctor indicating the name of the patient, relationship to the student, the type of illness, the date of the onset, and if the patient is still under a doctor’s care or has been released.

☐ **Death of an immediate family member (parent, stepparent, sibling, or other household member)**– Attach a copy of the obituary or notice of death from the newspaper. Indicate your relationship.

☐ **Extreme financial hardship of student or student’s immediate family (the family with whom the student lives)**– Attach a letter explaining in detail the nature of the extreme financial hardship and what action the family is taking to deal with this hardship. Attach documentation detailing the current income of the family, current outstanding credit card debt, outstanding medical expenses not covered by insurance, etc. Also detail the monthly expenses for the family including minimum credit card payments, rent or mortgage, car payments and other installment payments, insurance, average phone and utilities food and clothing expenses.

☐ **To fulfill a religious commitment required of all students of my faith**– A letter stating the name of the religion, how and when student became a member, and contact of local branch affiliated. A letter from officer of local branch detailing religious commitment.

☐ **Participation in an internship or co-op program required or encouraged as part of the student’s academic program**– Attach a letter from student’s advisor stating the above.

☐ **Military mobilization for active duty of yourself, spouse, child, father, or mother**– Attach a copy of the military papers mobilizing you or your relative into active duty.

☐ **Other extraordinary circumstances beyond the student’s control where continued fulltime attendance would create a hardship**– Attach a letter detailing the extraordinary circumstances beyond your control, and why those circumstances prevent you from fulfilling a particular eligibility requirement.

1. Attach a **TYPED** letter explaining your petition for eligibility, and what steps you have taken to change your situation.
2. Please include copies of supporting documentation (for example: documentation from your medical doctor(s), death certificates, papers from the Department of Defense & etc.)

All letters must bear the signature of the author and contain the name of the student. Letters authored by a dependent student must also bear the signature of one parent. All other documentation must be identified as to the source.

I certify that the information and documentation submitted for appeal is true and accurate to the best of my knowledge.

STUDENT SIGNATURE: _____ DATE: _____

IRP Appeal Decision ____ Approved ____ Denied Signature of IRP Official: _____ Date: _____