



HOPE LOTTERY SCHOLARSHIP APPEAL FORM

The HOPE Lottery Scholarship is awarded based on policies set forth by the Tennessee Student Assistance Corporation (TSAC). TSAC's policy allows an appeal process for students who fail to meet enrollment requirements due to extenuating medical or personal circumstances.

Tennessee Lottery Legislation **DOES NOT** grant the authority to allow appeals (**regardless of the circumstances**) for the following: GPA requirements for both initial and continuing eligibility; Score requirements for ACT, SAT, and GED tests; Limit on attempted hours or years of enrollment; Income limit for a Need-Based Supplemental Award; Residency status.

However, HOPE Lottery Scholarship regulations **DO** allow for students who are denied eligibility to appeal the following: Change of enrollment from full time to part time or from part time to less than 6 hours after the last day to drop a class without a "W"; The change of enrollment must be approved in advance for non-emergency situations; Withdrawal from the university; Failure to enroll within 16 months of high school graduation, home school completion, or GED test date; Failure to enroll for one or more required semesters; Other extraordinary circumstances beyond your control (must be verifiable and thoroughly documented by authoritative sources).

If, after reviewing the information above, you feel that you can meet the criteria for an appeal, please complete the attached Baptist College HOPE Lottery Scholarship Appeal Form. Make sure you supply all information requested on the form, sign and date the form, attach all appropriate documentation, submit the form to the Financial Aid Office, and keep a copy of the form and all documentation for your records.

REMEMBER: Appeals will not be reviewed without verifiable documentation of one's extenuating and/or personal circumstances.

In the event you receive notification of loss of TELS eligibility, you...

- ✓ Should give the Financial Aid Office and the HOPE Lottery Scholarship Institutional Review Panel (IRP) a **minimum** of two (2) weeks to review and respond to your appeal;
- ✓ Have the right to appeal to the Tennessee Student Assistance Corporation (TSAC) in Nashville within 45 days upon receipt from the IRP that your appeal has been denied:

**Tennessee Student Assistance Corporation
% Lottery Scholarship Award Appeals Panel
Suite 1510, Parkway Towers
404 James Robertson Parkway
Nashville, TN 37243**

NOTE: Any Information regarding the HOPE Lottery Scholarship may be subject to change or be corrected as necessary without prior notice. If you wish to learn about any recent changes, please visit TSAC's website at <http://www.tn.gov/collegepays>.



Complete the information below and return to the Financial Aid Office using the contact information above. You will be notified within fourteen days regarding your appeal. Prior to completing this form, please review all information attached.

A. STUDENT INFORMATION

Student Name: _____ **Student ID#:** _____

Phone: _____ **Alternate Phone:** _____

Address: _____
Street City State Zip

Email (if not Baptist University email): _____

B. APPEAL INFORMATION SECTION (This section must be completed in its entirety)

What trimester are you appealing? _____

What trimester and year (Fall 2021) are you request HOPE reinstatement? _____

Please check which type of appeal applies: **Change in enrollment status** **Withdrawal from the University**

Indicate the reason for the appeal: **Personal Illness** **Extreme Financial Hardship**

Military Service **Religious Commitment**

Other extraordinary circumstances beyond student’s control

Illness or death of immediate family member

To submit an appeal, you must read all material attached, supply all information requested on this form, sign and date the form, submit form to the Financial Aid Office within the appropriate timeframe, and provide the following information:

- Attach a detailed letter that is **typed** explaining your petition for eligibility, and what actions you have taken to correct the situation (if applicable).
- Enclose copies of supporting documentation.

REMEMBER: Appeals will not be reviewed without verifiable documentation of one’s extenuating and/or personal circumstances.

C. CERTIFICATION

I certify that I have reviewed the HOPE Lottery Scholarship appeal guidelines attached. I also certify that all of the above statements and attached documentation are true and accurate.

Student Signature: _____ **Date:** _____