



DREAM BIG. WORK HARD. WE'LL HELP.

I Know I Can

APPEAL FOR I KNOW I CAN GRANT ELIGIBILITY

Date issued to student: _____

STUDENT'S NAME: _____ SSN: _____
(please print) (last, first) College ID #: _____

PERMANENT ADDRESS:

CITY _____ STATE _____ ZIP: _____
PHONE: _____ E-MAIL: _____

ADDRESS WHERE DECISION IS TO BE MAILED:

CITY _____ STATE _____ ZIP: _____

HIGH SCHOOL: _____ CLASS OF: _____

COLLEGE ATTENDING: _____

REASON FOR APPEAL: LATE FAFSA LATE LAST DOLLAR GRANT APPLICATION
 LOW GPA LATE VERIFICATION OTHER _____

STUDENT'S STATEMENT

Please explain in detail the circumstances which contributed to your inability to meet the Last Dollar Grant Requirements. Indicate ideas, plans or changes that you have made to improve. Both sides of this form must be completed.

I certify that all information and documentation that I have submitted pertaining to this appeal is true.

SIGNATURE OF STUDENT: _____ DATE: _____

