

# BHCLR Financial Aid Appeal Form

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone#: \_\_\_\_\_ What is your BHCLR program of study?

\_\_\_\_\_

I am appealing to receive Financial Aid for (mark only one):  Fall 23\_\_\_\_  Spring 24\_\_\_\_

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## Please complete the following steps for your appeal.

1. Fill in the information requested in the top section of this page using the address at which you wish to receive the results of your appeal. You need to submit a typed letter to the Financial Aid Appeal Committee detailing every circumstance that prevented you from maintaining satisfactory academic progress (SAP). Please be specific, as your appeal will be decided solely on the basis of information that you submit. The appeal must include: why the student failed to make SAP and what has changed that will allow the student to make SAP the next valuation.
2. Attach to your letter any supporting documents such as medical records, death certificates, or letters from professionals that have corresponding dates, which document the extenuating circumstances described in your appeal letter.
3. Give a copy of your appeal letter and any accompanying documentation to the BHCLR Financial Aid Office.

## STUDENT CERTIFICATION

I certify that all of the information on this form and any attached, supporting documents, are true, complete, and accurate to the best of my knowledge. I further understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of any financial aid received. By signing, I certify that I understand the Appeal Committee's decision is final.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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## For Office Use Only:

Comments: \_\_\_\_\_

\_\_\_\_\_

Decision:

Approved

Disapproved

\_\_\_\_\_  
Appeal Committee Chair

\_\_\_\_\_  
Date