BHCLR Financial Aid Appeal Form

Name: _____ Student ID: _____

Address: _____ City, State, Zip: _____

Email: _____ Telephone#: _____

BHCLR program of study? _____ Semester: _____

I am appealing to receive Financial Aid for (mark only one): □ Fall 26____ □ Spring 27____

Please submit this completed form along with the following to the BHCLR Financial Aid Office for review (financialaid@bhclr.edu).

1. Fill in the information in the top section of this page using the email address at which you wish to receive the results of your appeal.
2. Submit a typed letter explaining the circumstance(s) 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 evaluation.
3. Include 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.

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

For Office Use Only:

Comments: _____

_____

Decision: Approved Disapproved

_____ _____

Appeal Committee Chair Date