

Appeal for Reinstatement of Financial Aid

If you wish to appeal the loss of your eligibility for financial aid, please complete this form and attach supporting documents. **Appeals submitted without supporting documents will be rejected.** If you need to discuss possible forms of documentation due to your circumstances, please contact the [Student Support Center](#).

Student's Name: _____ Empl ID# _____

I have completed a FAFSA for this year. **Yes No**

This is my first appeal to have my financial aid reinstated. **Yes No**

I would like my financial aid eligibility re-evaluated for the semester checked below:

	Fall 20_____	Spring 20_____	Summer 20_____
	Priority Deadline	Final Deadline for term	
Fall 2023	August 11, 2023	October 6, 2023	
Spring 2024	January 5, 2024	March 8, 2024	
Summer 2024	May 17, 2024	June 14, 2024	

If you submit an appeal after the deadline, it will automatically apply to the next semester.

Reason for Appeal:

Students may appeal the loss of their financial aid eligibility if it was caused by unusual mitigating circumstances. This appeal is based on the situation(s) checked below:

Personal illness or illness of an immediate family member. (Attach a statement from a family physician attesting to the medical condition.)

Death of an immediate family member. (Attach a copy of the obituary or death certificate.)
Relationship: _____

Other unusual mitigating circumstances. (Please provide a written explanation and supporting documents – i.e. court records, police reports, letter from another unbiased third party who is not a family member, etc.) *Letters from VWCC Professional Advisors are generally not permissible documentation.*

Updated 10/2023

Name _____ EMPLID # _____

**Explain in detail the reason you failed to make Satisfactory Academic Progress.
This section must be typed.**

**Explain in detail what circumstances have changed so that you will be successful.
This section must be typed.**

If your documentation will be arriving via a third party, please note on the lines below who will be sending it and how. It must be received within one week of receipt of your appeal in order to be considered.

Who is sending it? _____

By email?

By mail?

By fax?

Your appeal will not be considered without your initials to show you have read and understand the following conditions.

By submitting this appeal, I certify that I have read and agree to the following. Initial on the line following each statement:

- I understand that appeals turned in without supporting documents will be denied. _____
- I understand that handwritten appeals will be denied. _____
- Decisions on appeals are processed on a case-by-case basis. _____
- Appeal decisions will be communicated to students via Message Center in SIS. _____
- I understand that the decision is final and not subject to reconsideration by any party. _____
- If approved, I will be expected to read, complete, sign, and comply with the SAP Academic Plan. _____
- I understand that I may have to provide more information to the financial aid office to complete the processing of my aid application, even if this appeal is granted. _____

Signature: _____ Date: _____

Ways to Submit:

- (1) Upload the form at mysupport.viriniawestern.edu.
- (2) Drop off in-person at the Financial Aid Office in Chapman Hall.
- (3) Submit via email to finaid@viriniawestern.edu.