



801 Campus Drive Garden City, Kansas 67846 www.gcccks.edu

Financial Aid Denial - Appeal Form

Name:	Student ID:
Email:	Phone:
Mailing Address:	

I wish to appeal the status of my financial aid denial due to the following circumstances (check one):

	DEATH		Submit a	сору	of	the	death	certificate	and/or	obituary	/.
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During the time of enrollment in which I did not make Satisfactory Academic Progress, I experienced the death of a spouse, child, parent, sibling or other significant person in my life.

→ Name of deceased person: Relationship:

□ ILLNESS/INJURY -- Submit documentation from a health professional, therapist, or

counselor. During the time of enrollment in which I did not make Satisfactory Academic Progress, I (or an immediate family member) experienced an injury, surgery, medical procedure, or illness (physical, mental, or emotional) that was severe enough to interrupt life activities.

- OTHER SPECIAL CIRCUMSTANCES -- Explain in detail the situation(s) which prevented you from successfully meeting Satisfactory Academic Progress standards.
 - → Provide documentation, if appropriate, to support your appeal. (e.g., court or legal documents, pay stubs, public records, etc.)
 - → You must submit a letter from a professional person who was aware of the situation you were going through and can confirm that it hindered your academic success.
- SELF-REINSTATEMENT -- For students who have previously submitted an unsuccessful appeal or choose not to disclose their circumstances to the Financial Aid Office.
 - → Students must complete a minimum of 12 credit hours without the benefit of federal financial aid. (Half-time students who took eight credit hours or less during the term they went on denial can complete a minimum of six credit hours without the benefit of financial aid.) These courses together must meet SAP standards (2.0 cumulative GPA & 67% completion rate), and they do not need to be completed in one semester.

REQUIRED WITH ALL APPEALS: A typed, signed, and dated statement to the Financial Aid Director, along with this completed form, all supporting documentation, and an academic plan (see reverse). Your statement should provide a thorough explanation of the following:

- → the extenuating circumstances that contributed to your lack of academic progress → the specific steps you will take to meet the standards of Satisfactory Academic Progress
- (SAP) to complete your program of study at GCCC

SIGNATURE:

DATE:

Note: Appeals are due prior to the first day of class for the semester for which you are appealing and are reviewed by the Financial Aid Director. Appeals are NOT guaranteed.

GARDEN CITY COMMUNITY COLLEGE FEDERAL FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS ACADEMIC PLAN

Student Name

GCCC ID

In conjunction with your appeal for reinstatement of your federal Financial Aid, you are on an Academic Plan to make Satisfactory Academic Progress*. This form must be turned in with your Financial Aid Denial Appeal form. To continue to receive financial aid you must meet the following requirements:

ADVISOR NAME (PRINTED)

X ADVISOR SIGNATURE

DATE

CONTRACT STATEMENT:

I have read the above requirements, and I understand what I must do to remain eligible for aid. Failure to meet any of the conditions outlined above will result in Financial Aid Denial and make me ineligible for further federal financial assistance at Garden City Community College.

By signing this statement, I am attesting that I understand the statement above, and I understand I am on an Academic Plan. I understand that I will not be eligible to receive any federal financial assistance (i.e. Federal Pell Grant, Federal Supplemental Education Opportunity Grant, Federal Work Study, Federal Stafford Loans, etc.) should I break the terms of this agreement.

A STUDENT SIGNATURE

DATE

*2.0 cumulative GPA and 67% pace (all completed hours / all attempted credit hours)