Financial Aid Appeal Form

Submit the financial aid appeal form, along with your written statement and supporting documentation to the SGTC Financial Aid Office.

*If your appeal is not processed before the payment deadline, you are responsible for payment for your classes. You will be reimbursed if you are eligible for a refund.

Student’s Name (Last, First, M.I.) ___________________________ Student Identification # ___________________________

Street Address ___________________________ City ___________ State ___________ Zip Code ___________

Home Telephone/Cell phone ___________________________ Work Telephone ___________________________ E-mail Address ___________________________

State your request, why you are requesting it, and what evidence you will provide to support the request. Attach any supporting documentation and/or proof.

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

☐ Student was ill or severely injured – Statement from physician attached

☐ Death of immediate family member – Death notice or obituary attached. What is your relationship to family member? ________________________________________________________________________________

☐ Other ________________________________________________________________________________

Is this your first financial aid appeal at SGTC? Yes _____ No _____

Are you attaching supporting documentation to this appeal? Yes _____ No _____

What type of documentation? ________________________________________________________________________________

Semester you requesting financial assistance: Fall ____ Spring ____ Summer ____ Year _____

Student’s Signature: ___________________________ Today’s Date: ___________________________

Return to: South Georgia Technical College
Office of Student Financial Aid
900 South GA Tech Parkway
Americus, Georgia 31709
229-931-2319

Date Received by Financial Aid Office and entered on Log form: ___________________________

Received by whom: ___________________________
Do not write on this side (For Financial Aid Office use only).

Decision of financial aid counselor: __________________________Today’s Date: ____________

STATUS OF REQUEST:

_____ Approved ________________________________________________

_____ Denied ________________________________________________

COMMENTS: ___________________________________________________

_____________________________________________________________

Reviewed by Financial Aid Director:

_____________________________________________________________

Student contacted by: __________________________Today’s Date: ________________

Disposition:

1. Enter the appeal on the Financial Aid Office Appeal Log form located in Director’s office.
2. File this appeal and all attachments in student’s financial aid file.