



Student ID # \_\_\_\_\_

### 2018-2019 FINANCIAL AID APPEAL FORM

**Satisfactory Academic Progress (SAP) Appeal:** In order to be eligible for financial aid, students must meet the SAP Standards at JC. To meet these standards, students must meet the following academic and attempted credit standards:

Academic Standards

- A cumulative Grade Point Average (GPA) of a 2.0 or better.
- Successfully completed 67% of all attempted credits.

Attempted Credit Standards

- Not attempt more than 150% of their program. (For example, students working toward a 60 credit hour Associate Degree can attempt 90 credits (60 x 150% = 90). Once 150% has been attempted, including credits attempted at other institutions, the student has reached credit limit.)

If a student is not meeting these requirements, they may not be eligible for certain types of financial aid, or any financial aid at all. [34 CFR 668.34(a), (b)]

**Appeal of Loan Amount:** JC is concerned about the high debt level of our students. All Federal Direct Subsidized and Unsubsidized Loans are based on a standard institutional budget. Federal Direct Loans are intended to be used for direct educational expenses including tuition and fees, books and supplies, student room and board, and transportation. You may not be eligible to borrow the maximum amount. Loan funds cannot be used to pay for non-education expenses. If you believe your loan award is insufficient to meet your education needs please describe your specific circumstances on the attached sheet. **First time borrowers at JC cannot appeal a loan limit.**

**An appeal can be filed by completing these steps:**

- Fill out the Financial Aid Appeal Form completely.
- Applications must meet the criteria as on next page and include supporting documentation.
- Financial aid appeals can take 10 to 15 business days for processing.

**All applications for financial aid appeals must be submitted to:  
Jackson College · Ombudsman Office · 2111 Emmons Road · Jackson, MI 49201  
Phone: 517.990.1349 · E-mail: [Ombudsman@jccmi.edu](mailto:Ombudsman@jccmi.edu) · Fax: 517.796.8477**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Address: \_\_\_\_\_

Apt/Box #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Note: By providing a phone number I consent to JC leaving messages (voicemail, text messages and/or verbal messages with any person who answers at the number) with specific information related to JC (course enrollment, appointments, advising, financial aid, payments, admission, etc.).)

Major/Program of Study \_\_\_\_\_

Student Signature: \_\_\_\_\_

**Complete for Satisfactory Academic Progress appeal:**

Check which fits your situation:	Include this documentation:
<input type="checkbox"/> Death of an immediate family member (spouse, child, parent, sibling or legal guardian of the student).	Obituary or death certificate which includes your relationship to the deceased.
<input type="checkbox"/> Return to work (from a lay-off)/change in working hours that occurred after the semester began and that substantially interferes with your ability to attend class *Starting/Accepting a new job is not applicable.	Your employer must provide a letter of support on official company letterhead specifying exactly how your change in work interferes with your ability to attend class. The letter must be signed by your supervisor or higher company manager. <b>Students must make every effort to find options to complete the semester before an exception is considered</b>
<input type="checkbox"/> Medical: Provide a doctor's letter that states your condition or injury prevents you from completing classes.	The statement must be on the physician's letterhead and include expected start and end dates of the medical condition. The doctor must verify in the statement that you cannot attend any class as the medical condition is very serious and prevents you from participation in employment, education, and other major life activities for the duration of the semester.
<input type="checkbox"/> Call to military duty. *Voluntary enlistment and subsequent call to duty during enrolled semester of appeal not applicable. *	Submit a copy of your military orders with dates.
<input type="checkbox"/> Credit Limit.  *Attempted credit hours include all credits attempted at JC as well as credits attempted at other institutions.	A degree audit will be done to determine the classes you have left to take. <b><u>You must be within 30 credits of completing your program of study or have been accepted into a second admit program.</u></b>
<input type="checkbox"/> Significant Academic Improvement  *The semester(s) of improvement must occur after the semester(s) of low academic performance	You must show a semester that exceeds satisfactory academic progress, such as completion of all attempted courses with a 2.0 or above. If academic improvement has been shown at another school transcripts must be provided.

**Complete for Appeal of Loan Amount:**

<input type="checkbox"/> Loan Amount Limit	Indicate (below) the specific educational expenses you are unable to meet as a result of the specific loan limit, include how any financial aid refunds you have received or will receive are being used. Loan requests cannot exceed the maximum allowable loan amounts. You must have applied for the loan for the semester in which you are appealing and be enrolled in at least six credits at the time of evaluation.
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<b>Planned Enrollment (# of credits)</b>		_____ 6-8	_____ 9-11	_____ 12+
<b>Program of Study</b>				
	Current Monthly Expenses			
Tuition/Fees				
Books/Supplies				
<b>Total</b>				

### Description/Explanation

Must include 'Why you failed to make SAP and explain what will allow you to meet SAP'. For Loan Limit Appeals you must include 'Educational expenses you are unable to meet and how you will be using any financial aid refunds you have or will receive'. (Use the back of the form or an attachment if necessary)


### Appeal Terms and Conditions: PLEASE READ CAREFULLY

- I understand that all communication, including the outcome of the appeal, will be sent via email to my JC email address.
- I understand that any misrepresentation of the facts can result in formal disciplinary action.
- I understand that if an appeal is granted, I must successfully complete **all** attempted classes with a 2.0 or higher GPA during the appeal semester(s).
- I understand that if these standards are not met, I will be placed on financial aid suspension and lose financial aid for future semesters. If I am on credit limit, I also understand that this pertains to me.
- I understand that incomplete appeals will be denied.
- I understand that if an appeal is granted, and I use it for loans I may run out of loan eligibility in future semesters as there is a federal maximum that cannot be exceeded.
- I understand that if I miss the **semester deadline** dates to submit a financial aid appeal (see below) my appeal will be reviewed for the next semester:

**2018 Fall Semester: October 6 2018**  
**2016 Winter Semester: February 16, 2019**  
**2016 Spring/Summer Semester: June 8, 2019**

I (Student Name), \_\_\_\_\_ have read and understand all of the above terms and conditions.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_