

FINANCIAL AID OFFICE



New Mexico State Aid Appeal Form

Appeals must be submitted to the Financial Aid Office prior to the first day of the semester the student is requesting aid be reinstated. Late or incomplete appeals will not be accepted and/or reviewed by the Appeals Committee. Once a decision has been reached on your Appeal you will be notified by the Financial Aid Office via your NNMC email account.

A student that does not meet the academic renewal criteria for the New Mexico Lottery and/or the Opportunity Scholarship is given the chance to appeal based on mitigating circumstances beyond the student's control. Mitigating circumstances include a serious health condition, the death or serious health condition of an immediate family member or a traumatic/extraordinary event. Mitigating circumstances do not include college adjustment, problems with instructors, difficult course load, misunderstanding of scholarship requirements, etc. Please note that mitigating circumstances does not guarantee approval of this scholarship appeal.

APPEALS WILL NOT BE ACCEPTED OR PROCESSED WITHOUT DOCUMENTATION

<p>Name: _____ Student ID: _____</p> <p>Student Email: _____ Phone: _____</p>

Indicate the reason for the appeal (You can select more than one):

- Serious health condition
- Death or Serious Health Condition of immediate family member
- Traumatic/extraordinary event
- Other - please describe below

****Please provide the following information; ****

- ⇒ Attach a typed, or neatly hand-written letter explaining why you have not met the minimum criteria to retain your scholarship, and what actions you have taken to correct the situation.
- ⇒ Enclose supporting documentation to support your selected reason above (examples: documentation from medical doctors, death certificate, obituary etc.) **Failure to provide information will result in appeal being denied.**

STUDENT CERTIFICATION

I understand that appeal decisions are made on a case by case basis and that the submission of this form does not constitute an approval of my appeal. I understand that if my appeal is granted I will be placed on probation for one semester, and I will be responsible to pay my tuition while on probation. I certify the information on this Scholarship Appeal Form, my appeal letter, and any supporting documentation are accurate, true, and complete to the best of my knowledge. I realize that a final decision may not be made unless all steps above are complete and until I submit any additional requested information.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Documentation Received: _____ Prior Appeal: YES NO

Semester: _____

of Hours Completed (Appeal Semester) _____ Cumulative GPA: _____

Decision: **APPROVED** **DENIED**

FAA Signature: _____ Date: _____

Comments:

REVISED 5/2023