

Office of Financial Aid and Scholarships SFA Box 13052 Nacogdoches, TX 75962-3052 (936) 468-2403 FAX (936) 468-1048 finaid@sfasu.edu

## **TEXAS Grant Hardship Appeal**

| Name:  | Campus ID#:                              |                                     |                |                    |                         |  |
|--|--|-------------------------------------|----------------|--------------------|-------------------------|--|
| SFA email:   | Phone #:                                 |                                     |                |                    |                         |  |
| In the event of a hardship or fo<br>Enrolled for an equivalent o<br>With a GPA below SAP requ<br>With the number of comple | of less than ¾ time, but at uirement, or | least ½ time                        | le student ma  | ay be allowed to   | receive an award while: |  |
| If you would like to appeal in a<br>submit this TEXAS Grant Appe   |  |                                     | • •            | •                  |                         |  |
| The appeal process does not guall statements of appeal, suppobe accepted. An appeal may be                                 | orting documentation, and                | l academic re                       | cords. All dec | isions are final a | nd re-appeals will not  |  |
| An extension of the year ling<br>An extension of the attempt<br>An exception of the 16 mon<br>student's family which       | oted SCHs as the official ce             | nsus date du<br>aduates due         | to document    | ed hardship suff   |                         |  |
| Please select the situation  | n(s) that are most applic                | able to you:                        |                |                    |                         |  |
| Responsible for the care of a sid<br>Severe personal illness or debil<br>Enrolling below ¾ time to comp                    | itating condition                        | Check Box<br>Check Box<br>Check Box |                |                    |                         |  |
| Please explain here or atta  | ch a typed letter:                       |                                     |                |                    |                         |  |
|  |  |                                     |                |                    |                         |  |
|  |  |                                     |                |                    |                         |  |
|  |  |                                     |                |                    |                         |  |
| Student Signature:   |  |                                     |                |                    |                         |  |
| •  | ,  |                                     |                |                    |                         |  |
| Below for Office Use Only  | /  |                                     |                |                    |                         |  |
| Decision:  |  | Date:                               |                |                    |                         |  |