



ENTERPRISE-OZARK COMMUNITY COLLEGE

Your Investment in Excellence

STUDENT FINANCIAL AID

P.O. Box 1300 Enterprise, AL 36331

Telephone: (334) 347-2623 ext. 2214 Fax: (334) 347-5569

Financial Aid Appeal Form for 2009-2010

Student's Full Name _____
last first middle initial

Social Security # _____ EOCC Student # _____

Cell Telephone _____ Home Telephone _____

Home Address _____

City/State/Zip Code _____

E-Mail Address _____

Reason/s for Requesting Reconsideration of Financial Aid Eligibility (*Please check all that apply*)

- Personal Problems (family issues)
- Adjustment to College (academically unprepared)
- Juggling too many demands (family, work, school)
- Illness (student or family member, short- or long-term)
- Loss of Employment (layoff or reduced employment; documentation must be provided)
- Death of Parent or Spouse
- Divorce or Marital Separation (student or parent)
- Loss of Untaxed Income or Benefit/s
- Excessive Medical/Dental Expenses (provide documentation of amounts paid)
- Excessive Child Care Expenses
- Dependency Status Override (only in cases of parental abuse or neglect)
- Other (please list reason/s) _____

This form must be completed, signed, and submitted (with supporting documentation) to the Financial Aid Office. Requests submitted without a written explanation or requested documentation will not be considered. The decision of the Review Committee is final.

After checking the previous criteria, please continue by detailing your special circumstances. Be sure to include all relevant information, (i.e., dates the circumstances occurred, the individual it affected and any other information you feel would justify this appeal). Your written explanation should be as detailed as possible. If you need additional space, continue on a separate sheet of paper.

Please print or type your remarks on the opposite side of this form, and submit it to the Financial Aid Office at least two weeks before the start of the term for which you are completing your appeal.

Large empty rectangular box for student or parent signature.

I certify that all the information reported to qualify for federal aid is complete and correct to my knowledge. I understand that if additional documentation is required, I must submit those documents in a timely manner or my appeal may be denied. I also understand that my academic progress will be monitored each term.

Student's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____