

Financial Aid Office 9801 Frankford Ave. Philadelphia, PA 19114 Phone: 267-341-3233 Fax: 215-599-1694 finaid@holyfamily.edu www.holyfamily.edu/finaid

## FINANCIAL AID APPEAL OF UNSATISFACTORY ACADEMIC PROGRESS

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DEADL	INE DATE: JUNE 15, 2023 (the fin docume	ancial aid office must <u>receive</u> this entation by this date.)	appeal form, letter	and all suppor
PLEASE PRINT	¥			
ADDRESS:	STREET ADDRESS	CITY	STATE	ZIP
DAYTIME PHONE:		EVENING PHONE:		<del></del>
	nation of your extenuating circurember, if we cannot read it, we can	· · · · · · · · · · · · · · · · · · ·	er must be typed a	nd attached
Your explanation must	include the following:			
	at occurred which prevented the	<u> •</u>	_	

- circumstances. If your circumstances are medical in nature, please attach a letter from your doctor or medical professional (on their letterhead) that confirms the circumstance. The financial aid office and appeals committee may request additional documentation to support the appeal.
- What has changed in your situation that will allow you to make Satisfactory Academic Progress at the next evaluation? This should include an explanation of what actions will be taken to ensure the requirements are met next year.
- If you have incomplete courses that may be affecting your progress standing, please include:
  - the course name and number
  - when will you complete the course work
  - any extenuating circumstances that influenced your decision to take an incomplete in the course(s)
- Be as detailed as possible as this will assist the appeals committee in their decision making process. (All information is confidential and will only be reviewed by the appeals committee.)

Approval or disapproval of this appeal will be made by the Financial Aid Appeals Committee. You will be notified in writing of the committee's decision by July 31, 2023.

Please be aware that this form cannot be used to reevaluate Pennsylvania state grants. If you were a recipient of a PA state grant, you should visit www.pheaa.org or contact the Pennsylvania Higher Education Assistance Agency (PHEAA) at 800-692-7392 to request a progress appeal form from them.

I certify that all of the information on this form, letter and all other required documentation is true and complete to the best of my knowledge. I give my permission to the financial aid office to share this information with the financial aid appeals committee. I understand that this information will be used by the financial aid appeals committee when making an appeal decision. I also understand that all decisions of the financial aid appeals committee are final and can not be appealed.

SIGNATURE:	DATE:	
	(Please note that the appeal form will not be considered without the student's signature)	

Return completed form, letter and all required documentation to the address or email at the top of this form. Contact us at the phone number or email above with any questions.