



TELS APPEAL
TN PROMISE APPEAL

STATE OF TENNESSEE
TENNESSEE STUDENT ASSISTANCE CORPORATION
SUITE 1510, PARKWAY TOWERS - 404 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0820
(615)741-1346 • 1-866-291-2675 • FAX (615)741-6101
www.tn.gov/CollegePays

Tennessee Education Lottery Scholarship / TN Promise Scholarship Appeal Form

Please complete the information below and save it to your computer. Please send this form with your college transcript(s) (if applicable), a copy of the denial letter from the IRP (if applicable), and additional documentation supporting your appeal to TSAC.Appeals@tn.gov.

Name: _____ Last 4 SSN: _____

Mailing Address: _____ City, State, and ZIP: _____

Cell Phone: _____ Home Phone: _____ Email: _____

List all Postsecondary Institutions Attended (if applicable): _____

Last Semester attended: _____ Semester for which TELS / TNP was denied: _____

Reason for Denial (if Applicable)

Change from full-time to part-time
Withdrawal from college
Failure to attend college within sixteen months of graduation from high school (provide official high school transcript/GED)
Failure to Meet Verification Deadline
Denial enclosed

Reason for Appeal to TSAC

Personal illness
Illness or death of immediate family member
Extreme financial hardship
Religious commitment
Other extraordinary circumstances beyond student's control

Supporting Documentation Provided (General)

Narrative
Official College Transcript(s)

Medical or Personal

Medical Statement from physician or other health care providers
Medical Bills
Medical Reports
Death Notice
Police Report
Other Related Documentation

Financial Hardship

Proof of Income:
Check Stubs
W-2 Form(s)
Disability
Workman's Compensation
Interest Income
Pensions
Social Security Income
Child Support
Alimony
Other Miscellaneous Income Sources

Debts

Mortgage/Rent Receipts
Automobile Payments
Gas Receipts
Public Transportation
Utilities (Electric, Water, Gas, Telephone, etc.)
Dependent Care
Credit Card Statements
Bankruptcy
Student Loans
Insurance (Car, Health, Life, etc.)
Medical Bills
Other Misc. Expenses (Cable, Internet, Groceries, etc.)

By submitting this appeal you attest that all of the above statements, attached narrative and documentation are true and accurate.