

The Excelsior Scholarship Program

Appeal Form

You were recently notified of your ineligibility for the Excelsior Scholarship. To appeal this decision, **you must complete sections I through III** and **have your physician/health care provider complete section IV**, if applicable, of this form. Upload the completed form using the CUNYfirst document uploader. Instructions for the document uploader can be found using the following link <https://hunter.cuny.edu/students/registration/policies-and-forms/cunyfirst-document-uploader/>

*Please email Tap@hunter.cuny.edu once all documents have been uploaded.

***Please note that failure to provide all required information and documentation will result in a denial of your appeal.**

I. STUDENT INFORMATION (Required):

Name (Last, First, MI): _____

SSN (last four digits): _____ Date of birth: _____

Email address: _____ Academic year: _____

Are you registered as an ADA student at your college? Yes **OR** No

I authorize any doctor, individual or entity with records concerning the basis of my appeal to release information and documentation to HESC and/or to speak with a HESC representative about matters related to this appeal with the sole purpose of determining award eligibility.

Student or Representative Signature: _____ Date: _____

II. BASIS OF APPEAL (Required) – Below, check the reason for your appeal, provide a brief personal statement explaining your circumstances and provide the required documentation indicated.

| | Reason for Appeal | Documentation Required | Things to Note |
|--------------------------|------------------------------|---|--|
| <input type="checkbox"/> | ADA Disability - Self | 1. Section IV completed by physician/health care provider 2. Unofficial transcript | To qualify under ADA, you <u>must</u> be registered with your college as an ADA student. The break in attendance or decrease in credits must coincide with dates from your physician/healthcare provider. Any additional documentation from physician/health care provider must be on official letterhead. |
| <input type="checkbox"/> | Medical (non-ADA) - Self | 1. Section IV completed by physician/health care provider 2. Unofficial transcript | The break in attendance or decrease in credits must coincide with dates from your physician/health care provider. Any additional documentation from physician/health care provider must be on official letterhead. |
| <input type="checkbox"/> | Care for Applicant's Newborn | 1. Typed personal statement in space provided below 2. Birth Certificate | The break in attendance or decrease in credits must be within one year of newborn's birth. |

| | | | |
|--------------------------|--|--|---|
| <input type="checkbox"/> | Military - Self | <ol style="list-style-type: none"> 1. Typed personal statement in space provided below 2. Department of Defense Orders | Personal statement below must include dates of service/deployment. |
| <input type="checkbox"/> | Bereavement – Death of Immediate Family Member | <ol style="list-style-type: none"> 1. Typed personal statement in space provided below. 2. Death Certificate and/or Copy of Obituary | Personal statement must include your relationship to the deceased. The break in attendance or decrease in credits must coincide with the date the immediate family member died. |
| <input type="checkbox"/> | Other | <ol style="list-style-type: none"> 1. Typed personal statement in space provided below 2. Submit any applicable supporting documentation | |

Please provide a 300-word (max) personal statement describing the circumstances of your appeal below. Do not leave this section blank.

III. STUDENT AFFIRMATION (Required)

By my signature below, I affirm, under the penalty of perjury, that the information I provided in this Appeal Form and any supporting documentation submitted are true and complete and will be accepted for all purposes as the equivalent of a sworn affidavit.

Student Signature: _____

Date: _____

