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Date of Receipt

University TELS Eligibility Appeal Form

Name_		Date Student ID						
	Last	First M.I mm/dd/yy						
	My TELS Award was denied forterm/year	_due to						
		_due to						
	term/year							
Check the reason or reasons for your appeal, attach the required documentation, and furnish required signatures. Submit to the Office of Student Financial Planning of Union University.								
Reason	for appeal	Documentation needed						
	Illness of student	Attach a letter from your doctor indicating the type of illness, the date of the onset, and if you are still under a doctor's care or have been released.						
or other	Illness of an immediate family member (parent, stepparent, sibling, household member)	Attach a letter from the doctor indicating the name of the patient, relationship to the student, the type of illness, the date of the onset, and if the patient is still under a doctor's care or has been released.						
or other	Death of an immediate family member (parent, stepparent, sibling, household member)	Attach a copy of the obituary or notice of death from the newspaper. Indicate the deceased's relationship to you.						
(the fam	Extreme financial hardship of student or student's immediate family ily with whom the student lives)	a) Attach a letter explaining in detail the nature of the extreme financial hardship and what action the family is taking to deal with this hardship.						
		b) Attach documentation detailing the current income of the family, current outstanding credit card debt, outstanding medical expenses not covered by insurance, etc. Also detail the monthly expenses for the family including minimum credit card payments, rent or mortgage, car payments and other installment payments, insurance, average phone and utilities expenses, food and clothing expenses.						
		c) If legal action has been taken, attach copies of court documents that will support your request.						

To fulfill a religious commitment expected of all students of that faith	and the local branch with whi b) Attach a letter from a cle	ric or officer of the local arm of your religion which states what type n the commitment must be fulfilled, the time frame for fulfilling that o	of religious				
Other extraordinary circumstances beyond the student's control where fulfilling the eligibility requirement would create a substantial hardship		ctraordinary circumstances beyond your control, and why those circ articular eligibility requirement.	cumstances				
Entered active military duty within 2 years of graduation from a TN high school, completing a TN home school, or obtaining GED.	a) Attach documentation of your entry into the active military, your DD214 if you have been released, and a copy of your high school transcript or diploma, or GED						
	b) Attach a signed and date obtained your diploma or GE	d statement certifying you have not attended a postsecondary scho D.	ol since you				
Cumulative GPA has been recalculated due to an incomplete being replaced with a grade		Office of the Registrar listing the course and term which had been a er grade assigned to the course, and the new TELS Cumulative GP					
Cumulative GPA has been recalculated due to error (you may not appeal errors from other institutions)	Provide notification from the and the new TELS Cumulative	Office of the Registrar explaining the nature of the error, when it wa e GPA.	s corrected				
Other	Attach a letter detailing the re	ason you believe you have an appeal, and explain in detail the circ	:umstances.				
Documentation signature requirements: All letters attached to this appeal must bear the signature of the author and contain the name of the student. Letters authored by a dependent student must also bear the signature of one parent. All other documentation must be identified as to the source. In addition the following statement must be signed by the student and in the case of a dependent student, one parent.							
I certify that the information and documentation submitted for appeal is true and accurate to the best of my knowledge.							
Student Signature	Date	Parent Signature (if student is dependent)	Date				