



Perry Technical Institute

Address 2011 W. Washington Ave. • Yakima, WA 98903
Office 509.453.0374 or 888.528.8586
Fax 509.453.0458 Web perrytech.edu

Financial Aid Appeal Request

Student's Name: _____ Student's ID#: _____

Address: _____

Phone: _____ Email: _____

Review the Satisfactory Academic Progress (SAP) Policy and Appeal Process outlined at www.perrytech.edu to determine if you are eligible to appeal for federal financial aid. If you wish to be considered for reinstatement of federal financial aid you must submit the following:

1. This appeal request (filled out completely and signed)
2. Letter from student as to why he or she failed to make satisfactory academic progress and how the student is now in a position to be academically successful
3. Documentation to support your appeal request (required)

Section I. Reinstatement Request Type

Below please indicate which situation applies to your academic difficulty:

- Illness/Injury:** If the illness of an immediate family member (parent, spouse, sibling, child or yourself) contributed to your lack of academic progress, please attach appropriate copies of medical records, doctors treatment etc.
- Death:** If the death of an immediate family member (parent, spouse, sibling & child) contributed to your lack of academic progress, please attach appropriate copies of death certificate, obituary etc.
- Drug/Alcohol:** If you had a health concern that contributed to your lack of academic progress, please attach appropriate copies of evaluations and completed treatment certificate/letter.
- Medical:** If a personal medical problem (significant trauma in student's life that impaired the student's emotional, mental and/or physical health) contributed to your failure to maintain satisfactory academic progress, attach documentation from a medical professional from whom you have received advice or treatment.
- Military Service:** If you have withdrawn due to military service, provide documentation.
- Other Circumstances:** Please clearly state the circumstances (not listed above) in your appeal letter and provide appropriate documentation.

***Note: Circumstances related to the typical adjustment to college life such as working while attending school, financial issues related to paying bills and car maintenance/travel to campus are not considered as extenuating for purposes of appealing financial aid.**

Section II. Appeal Results Student Acknowledgments

- If my appeal is **DENIED**, by signing below I understand that decisions are processed on a case-by-case basis and the committee may deny any SAP appeal. I also understand that the decision of the appeal committee is final.
- If my appeal is **APPROVED**, by signing below I recognize that I am expected to make academic progress within the term for which the appeal has been approved.
- I understand that if I do not meet these requirements I will be ineligible to receive financial aid and will be responsible for payments toward my student bill until I meet satisfactory academic progress standards.

Student Signature

Date

Rev. 6/2016