



Ozarka College

Providing life-changing experiences through education.

Financial Aid Suspension **APPEAL** - **INSTRUCTIONS**

A student failing to meet the standards set forth in Ozarka College's federally mandated policy for Satisfactory Academic Progress (see the [SAP policy](#) on Ozarka's Financial Aid web site) will be placed on Financial Aid Suspension, and will lose eligibility for financial aid (i.e.: Pell Grants, Student Loans, other grants and scholarships).

A student on financial aid suspension may petition the school for reconsideration of Federal Student Aid eligibility by filing an appeal with the Financial Aid Officer. The appeal should clearly identify any extenuating circumstances leading to the student's failure to meet the SAP policy standards.

The Financial Aid Appeals Committee reviews appeals on a case-by-case basis.

- If the appeal is approved by the Committee, the student will be on financial aid probation, but eligible for federal aid the next semester of attendance.
- If the appeal is denied by the Committee (or if the student chooses NOT to submit an appeal), aid eligibility can be re-gained if the student self-pays for 1 or more classes and meets the SAP policy standard for aid eligibility.

ALL OF THE FOLLOWING INFORMATION IS REQUIRED FOR EVERY STUDENT TO APPEAL:

1. A current FAFSA (Free Application for Federal Student Aid) on record with Ozarka Financial Aid.
2. Enrollment in an aid-eligible degree program (Technical Certificate or Associate Degree level.)
3. **A COMPLETE APPEAL APPLICATION:** Submit your ***COMPLETE*** Appeal Application Packet to the Financial Aid Department as soon as you are notified of your Financial Aid Suspension. **Appeal packets lacking any required documentation will be automatically denied.**

"COMPLETE": ALL documents (see checklist on page 2) received by Financial Aid **TOGETHER in ONE** submission. **INCOMPLETE** appeal packets will be **AUTOMATICALLY DENIED**. Students will be allowed one resubmission.

4. **SUBMISSION DEADLINE POLICY:** The earlier the COMPLETE appeal is submitted, the sooner you will receive the committee decision regarding your aid eligibility for the next semester you plan to attend. **The deadline for submitting a COMPLETE appeal is the Wednesday prior to the published first day of classes for the semester you plan to enroll.**
5. **APPEAL DECISION:** The Committee will review the COMPLETE appeal application packet and render a decision within 3 weeks of submission. You will be notified by email (the email address that you have provided) of the Committee's decision.

Financial Aid Suspension **APPEAL - PERSONAL STATEMENT**

OUTLINE

Your personal statement should be typed and meet the following criteria:

- I. Explain the circumstances that contributed to your inability to make satisfactory academic progress, resulting in your financial aid suspension.
- II. Explain how your circumstances changed since that semester.
- III. Explain how you will ensure that you will be successful the next semester you attend.
- IV. State your academic and career goals.

SUPPORTING DOCUMENTATION:

DOCUMENTATION MUST SUPPORT YOUR PERSONAL STATEMENT (Call or email Financial Aid if you have questions about acceptable documentation. 870-368-2009 or FinAid@ozarka.edu)

Acceptable support documents will be from a reliable source and back up the information provided in your personal statement as a major factor affecting your ability to complete your courses successfully. **Strong documentation might include:**

- Medical records (if your reason was related to health issues, birth of a child, etc.)
- Newspaper obituary, death certificate, etc. (if your reason involved a death in your family)
- Signed Letter of support from a personal contact who witnessed your circumstances at the time and knows what has changed for you. (For example, a pastor, a teacher, counselor, doctor, etc.).

APPEAL APPLICATION CHECKLIST: (Do NOT submit your Appeal without ALL of the following items):

- _____ Completed Appeal form (at the top of PAGE 2 of this document).
- _____ Your personal statement. (Follow outline at the top of this page)
- _____ SUPPORTING DOCUMENTATION (Examples are listed above)
- _____ YOUR degree completion plan, completed and signed by an Academic Advisor at Ozarka College, that shows you have a plan to complete your program, and that you understand what will be required to succeed and graduate.

INCOMPLETE Appeal Applications WILL be AUTOMATICALLY DENIED.

Financial Aid Suspension APPEAL - DEGREE COMPLETION PLAN

(NOTE: Must be approved and signed by an Ozarka academic advisor)

STUDENT NAME _____ DEGREE PROGRAM _____

TOTAL CREDIT HOURS IN PROGRAM _____ CREDIT HOURS COMPLETED _____

CREDIT HOURS NEEDED TO GRADUATE _____ CURRENT OVERALL GPA _____

Year / Semester	Course Numbers	Course Names	Credit Hours
In the blanks below, please fill in the year and semester (fall, spring, summer I or summer II) student will enroll in these courses → Year: _____ Semester: _____			
In the blanks below, please fill in the year and semester (fall, spring, summer I or summer II) student will enroll in these courses → Year: _____ Semester: _____			
In the blanks below, please fill in the year and semester (fall, spring, summer I or summer II) student will enroll in these courses → Year: _____ Semester: _____			
In the blanks below, please fill in the year and semester (fall, spring, summer I or summer II) student will enroll in these courses → Year: _____ Semester: _____			

STUDENT'S ACKNOWLEDGEMENT: Do you, as the student, understand the academic requirements you must meet in order to successfully complete your program of study?

ADVISOR APPROVAL: _____

(Must be signed by the advisor)

Date _____

Financial Aid Suspension APPEAL - FORM

Student Name (Last, First, Middle):	Ozarka Student ID#:
Mailing Address:	Phone #:
City, State, and Zip Code:	Email Address:
Degree:	Academic Advisor:

Extenuating circumstances leading to financial aid suspension: Check all that apply. In your personal statement, explain each item that you checked below, and explain how things have changed in that regard. If "Other," please fill in a reason.

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Changed my academic and career goal
<input type="checkbox"/> Unprepared for the rigors of college courses
<input type="checkbox"/> Illness or death of a family member
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Work schedule change
<input type="checkbox"/> Divorce or other relationship stress
<input type="checkbox"/> Illness/physical limitations | <input type="checkbox"/> Lack of child care
<input type="checkbox"/> Lack of transportation
<input type="checkbox"/> Personal finances |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|

"My signature below indicates (1) my commitment to put forth my best effort in my next semester of enrollment; and (2) that I *understand my appeal will be automatically denied if I have NOT provided the documents requested.*"

Student Signature

Date

APPEAL COMMITTEE RULING SECTION (FOR COMMITTEE USE ONLY)

Date Student Submitted this Application: _____

Current FAFSA on file: YES NO Registered for Classes: YES NO

Overall GPA: _____ Attempted Credit Hours: _____ Completed Credit Hours: _____

DOCUMENTATION PROVIDED

Application:		Personal Statement:		Degree Plan		Supporting Documentation:	
YES	NO	YES	NO	YES	NO	YES	NO
Committee Member: _____				Date: _____			
Approved <input type="checkbox"/>		Denied <input type="checkbox"/>					
Committee Member: _____				Date: _____			
Approved <input type="checkbox"/>		Denied <input type="checkbox"/>					
Committee Member: _____				Date: _____			
Approved <input type="checkbox"/>		Denied <input type="checkbox"/>					

Date Decision Email/Letter Sent to Student: _____