



SOWELA Technical Community College
Hour Limit Appeal Coversheet

(Please Print)

Student Name: _____ Social Security # _____ - _____ - _____

Mailing Address: _____ City _____

State: _____ Zip Code: _____

Phone Number: _____ Program of Study: _____

Semester you are applying for financial aid: _____

Semester you anticipate completing your program _____

****IMPORTANT** Please read, initial each statement and sign below or this form will be returned to you and your appeal letter will be returned to you. This means that your appeal will not be looked at by the appeal committee and you will remain ineligible for financial aid.**

_____ I have attached a **typed** letter explaining why I need to appeal for financial aid (example- exceeding the 150% completion limit).

_____ I have explained in the letter why I have met the 150% limit and am not currently finished with my program.

_____ I have attached documentation if applicable that will assist the appeals committee with evaluating my circumstances (doctor's note, hospital records, death certificate, divorce paper, restraining order, etc.).

_____ I understand that the appeal committee's decision is final and I will be notified by letter if my appeal for an extension of eligibility was granted or denied.

_____ ****IMPORTANT** I understand that I must initial all blanks and that if I have not met all the above listed criteria, my letter will be rejected and not viewed by the financial aid appeal committee.** I understand that the appeal committee's decision is final and I will be able to view the decision in the Special Message tab of the Financial Aid section in my LOLA account.

Student Signature

Date

Mail or Fax:
SOWELA Technical Community College
Financial Aid
P.O. Box 16950
Lake Charles, LA 70615
FAX # 337-491-2010

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