Received

# Financial Aid Office

**Loss of Priority Enrollment and/or California College Promise Grant (CCPG)**

 **Appeal Request Form**

*Note: Foster Youth and Former Foster Youth (up to age 24) are exempt from loss of both priority registration and CCPG fee waiver per regulation.*

Date RHC ID# RHC E-Mail Address:

Name Date of Birth Phone Semester and Year Appealing (example: Spring 2022)

# Part I: Enrollment Priority Appeal Reasons: (check one)

 Extenuating Circumstances: verified illness, accident or circumstance beyond the control the student (Review attached instructions for required documentation).

 I have been making significant academic improvement by completing my last semester with a 2.00+ GPA and completed more than 50% of my semester coursework (Review attached instructions for required documentation).

 I am a student with a verified disability who applied before the deadline but did not receive an accommodation in a timely manner (Review attached instructions for required documentation).

I would like to be granted special consideration as I am a student in one of the following programs (Check all that apply)

 CalWorks EOPS DSPS Veterans

# Part II: California College Promise Grant (CCPG) (formerly BOGW) Auto-Reinstatement Option (check below):

I have completed, or will complete, the 2021 - 2022 Free Application for Federal Student Aid (FAFSA). As evidenced by my FAFSA application, loss of the California Promise Grant fee waiver would create a financial hardship for me. I understand I am eligible to have my California College Promise Grant fee waiver reinstated due to financial hardship.

I declare the information on this form is true and correct. I understand the decision of the Appeal Committee is final and that there is no additional appeal.

Student Signature: Date:

**Part I - Enrollment Priority AND BOGW Fee Waiver Appeal Instructions**

**OFFICE USE ONLY**

Committee Review Date:

Committee Recommendation: Approved Denied Term Approved Cumulative GPA

Support Services/Follow up Recommended:

Facilitator Signature: Date: \_

Please follow the instructions below for completing your appeal. Failure to include the items listed may result in a denial of your appeal.

**Appeal Instructions**

# Complete and sign appeal request form.

**Personal statement**: Attach a typed, detailed personal statement which describes either your extenuating circumstances, significant academic improvement, and/or disability accommodations requested. You must address all aspects which prevented you from meeting Satisfactory Academic and/or Progress standards in the past and what has changed to allow you to meet Academic/Progress standards at the next evaluation period.

**Proof:** You must attach all supporting documentation, such as medical records, death certificates, accident report, verification of disability and/or other supporting documentation that relates to your situation.

**Current Student Educational Plan**: A comprehensive Student Education Plan (SEP) is required and must be attached to the appeal. The SEP must state your educational goal and all coursework needed from Rio Hondo College. Please contact the Counseling Department at 562-463-3410 to schedule an appointment with a Counselor.

Submit your completed appeal form and additional required documents to the Financial Aid email address: financialaid@riohondo.edu . Appeals for a given semester MUST be submitted at least 1 week prior to the end of the same semester. If Approved, CCPG eligibility will be applied to all eligible semesters for the current academic year.