[Institution Name ]

**Chafee Grant Reinstatement Appeal Form**

**This document can be used to appeal the loss of a Chafee grant only. For information regarding how to appeal the loss of other forms of financial aid such as Pell grants or CalGrants, see {insert campus-specific information}.**

State law requires that a student shall regain eligibility for the Chafee grant if one of the following applies:

* The student achieves either a 2.0 GPA during the previous term or a cumulative GPA of 2.0
* The student demonstrates the existence of an extenuating circumstance that impeded successful course completion in the past but that has since been addressed such that the student is likely to demonstrate satisfactory academic progress in the future.
* The student provides evidence of engagement with a supportive program, either on or off-campus, that is assisting the student to make continued academic progress

***You only need to complete one of the sections below in order to qualify for reinstatement***

***---------------------------------------------------------------------------------------------------------------------------------------***

***Section 1***

Did you achieve either a 2.0 GPA during the previous term or a cumulative GPA of 2.0?

q YES q NO

If yes, please attach documentation if required.

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***Section 2***

Are you participating in a student services program on or off-campus that is assisting you to make continued progress towards your academic goals?

q YES q NO

If yes, please indicate the program you are engaged in and provide a signature and contact information for a staff or faculty member in the program.

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| --- | --- | --- | --- |
| * Guardian Scholars Program * NextUp | * EOPS/EOP * TRiO * [Insert Program Name] | * [Insert Program Name] * [Insert Program Name] * Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Program Staff Member Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Staff member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Staff member phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Section 3***

Please check-off the circumstances beyond your control that prevented you from maintaining Satisfactory Academic Progress (SAP), that you have now addressed. As available, attach supporting documentation to your circumstances. **If you cannot provide documentation, please provide a written explanation below.** If you need additional space, attach typed sheets to this form.

|  |  |  |
| --- | --- | --- |
| * Illness or hospitalization * Mental health * Inadequate access to transportation | * Lack of childcare * Legal challenges * Inadequate access to disability services. | * Homelessness * Loss of employment * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **If you cannot provide documentation, please provide a written explanation below**  *If you need additional space, attached typed sheets to this form.* |
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Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return this form and any additional documentation to [insert email here] or in-person at [insert financial aid office information here]**