

ARIZONA ASSURANCE FUNDING APPEAL FORM

FAZASA
2017-2018

STUDENT LAST NAME:	FIRST:	MI:	STUDENT ID #:
PHONE:	E-MAIL:	<input type="checkbox"/> GATES <input type="checkbox"/> NATIVE AMERICAN	

SECTION A: PLEASE CHECK THE REASON FOR YOUR APPEAL:

- I was not selected for the Arizona Assurance Scholars Program (Incoming Freshman not selected for 2017-18 Arizona Assurance Cohort)
- I was not renewed for continued Arizona Assurance Scholars Program funding (Continuing Arizona Assurance Scholar not renewed for funding for 2017-18 aid year)

SECTION B: PLEASE CHECK ALL THAT APPLY FOR PARTS 1 AND 2 BELOW:

1. I WAS NOT SELECTED OR I WAS NOT RENEWED FOR ARIZONA ASSURANCE SCHOLARS PROGRAM FUNDING FOR THE FOLLOWING REASON(S):

- I filed the 2017-2018 Free Application for Federal Student Aid (FAFSA) after the March 1, 2017 Deadline
- I am not eligible for the Federal Pell Grant per my 2017-2018 FAFSA
- I did not confirm my Arizona Residency status until after the May 1, 2017 deadline
- I did not submit a completed UA Admissions Application until after the March 1, 2017 deadline
- I did not pass the minimum number of required UA units for renewed Arizona Assurance Funding
- I would like Transfer Units considered (You must include a list of the transfer units you want considered)
- I did not meet the minimum cumulative GPA required for renewed Arizona Assurance Funding
- I did not complete the Arizona Assurance Program Requirement(s) for renewed Arizona Assurance Funding -

Please specify:

2. EXTENUATING PERSONAL CIRCUMSTANCES THAT CAUSED YOU TO MISS REQUIREMENT(S) LISTED ABOVE:

(Please check all that apply)

- My own medical/physical illness, injury, or disability - **See the Arizona Assurance Appeal Process**
- Personal Reasons
- Family, including death of a family member
- Other - **Please describe:**
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CERTIFICATION STATEMENT

I certify that:

- 1) I have submitted a personal, signed statement on page two of this appeal.
- 2) I understand the Committee's decision is final and cannot be overturned or re-appealed.
- 3) I understand submission of this appeal does not guarantee approval.
- 4) All of the information provided with the submission of this appeal is true and complete to the best of my knowledge.
- 5) If necessary, I agree to provide further proof of the information that I have given, and
- 6) That my appeal may be denied for failure to substantiate my circumstances or for lack of documentation.

Signature _____ Date _____



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