

# ARIZONA ASSURANCE FUNDING APPEAL FORM

FAZASA  
2018-2019

STUDENT LAST NAME:	FIRST:	MI:	STUDENT ID #:
PHONE:	E-MAIL:		
<b>SECTION A: PLEASE CHECK THE REASON(S) FOR YOUR APPEAL:</b>			
<input type="checkbox"/> I am a new Freshman student and was not selected for the 2018-2019 Arizona Assurance Program for the following reason(s): <ul style="list-style-type: none"><li><input type="checkbox"/> I filed the 2018-2019 Free Application for Federal Student Aid (FAFSA) after the January 31, 2018 deadline</li><li><input type="checkbox"/> I am not eligible for the Federal Pell Grant per my 2018-2019 FAFSA</li><li><input type="checkbox"/> I did not confirm my Arizona Residency status until after the January 31, 2018 deadline</li><li><input type="checkbox"/> I did not submit a completed UA Admissions Application until after the January 31, 2018 deadline</li><li><input type="checkbox"/> I did not meet the minimum high school core GPA required for Arizona Assurance Program consideration</li><li><input type="checkbox"/> I did not submit the Resource Evaluation and/or the Noncustodial Parent Resource Evaluation or waiver by the stated deadlines.</li><li><input type="checkbox"/> I did not meet the "highest-need thresholds" for Arizona Assurance Program selection</li><li><input type="checkbox"/> Other - <b>Please describe:</b></li></ul> <hr/>			
<input type="checkbox"/> I am a continuing Undergraduate student and was not renewed for continued Arizona Assurance Program funding. <ul style="list-style-type: none"><li><input type="checkbox"/> I filed the 2018-2019 Free Application for Federal Student Aid (FAFSA) after the March 1, 2018 deadline</li><li><input type="checkbox"/> I filed the 2018-2019 FAFSA by the March 1, 2018 filing deadline with errors. I corrected those errors after the May 1, 2018 correction deadline</li><li><input type="checkbox"/> I am not eligible for the Federal Pell Grant per my 2018-2019 FAFSA</li><li><input type="checkbox"/> I did not pass the minimum number of required UA units for renewed Arizona Assurance Funding<ul style="list-style-type: none"><li><input type="checkbox"/> Please consider my Transfer Units (<i>You must submit a statement from your academic advisor certifying that the transfer units are transferrable to the completion of your degree. The statement must also list the transfer units you want considered</i>).</li></ul></li><li><input type="checkbox"/> I did not meet the minimum cumulative GPA required</li><li><input type="checkbox"/> I did not complete the Arizona Assurance Program Requirement(s)</li><li><input type="checkbox"/> Other - <b>Please describe:</b></li></ul> <hr/>			
<b>SECTION B: CHECK THE EXTENUATING CIRCUMSTANCES BEYOND YOUR CONTROL THAT CAUSED YOU TO MISS THE REQUIREMENT(S) CHECKED ABOVE (SELECT ALL THAT APPLY):</b>			
<input type="checkbox"/> My own medical/physical illness, injury, or disability <input type="checkbox"/> Personal Reasons <input type="checkbox"/> Family, including death of a family member <input type="checkbox"/> Other - <b>Please describe:</b> <hr/>			

