



STATE OF TENNESSEE
TENNESSEE STUDENT ASSISTANCE CORPORATION
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Tennessee Education Lottery Scholarship Appeal Form

Please complete the information below and save it to your computer. Please send this form with your college transcript(s) (if applicable), a copy of the denial letter from the IRP (if applicable), and additional documentation supporting your appeal to TSAC.Appeals@tn.gov.

Name: _____

Mailing Address: _____ City, State, and ZIP: _____

Cell Phone: _____ Home Phone: _____ Email: _____

List all Postsecondary Institutions Attended (if applicable): _____

Last Semester attended: _____ Semester for which TELS was denied: _____

Reason for Denial (if Applicable)

- Change from full-time to part-time
- Withdrawal from college
- Failure to attend college within sixteen months of graduation from high school (provide official high school transcript/GED)
- Denial enclosed

Reason for Appeal to TSAC

- Personal illness
- Illness or death of immediate family member
- Extreme financial hardship
- Religious commitment
- Other extraordinary circumstances beyond student's control

Supporting Documentation Provided (General)

- Narrative
- Official College Transcript(s)

Medical or Personal

- Medical Statement from physician or other health care providers
- Medical Bills
- Medical Reports
- Death Notice
- Police Report
- Other Related Documentation

Financial Hardship

- Proof of Income:
- Check Stubs
- W-2 Form(s)
- Disability
- Workman's Compensation
- Interest Income
- Pensions
- Social Security Income
- Child Support
- Alimony
- Other Income Sources

Debts

- Mortgage/Rent Receipts
- Automobile Payments
- Gas Receipts
- Public Transportation
- Utilities (Electric, Water, Gas, Telephone, etc.)
- Dependent Care
- Credit Card Statements
- Bankruptcy
- Student Loans
- Insurance (Car, Health, Life, etc.)
- Medical Bills
- Other Expenses

By submitting this appeal you attest that all of the above statements, attached narrative and documentation are true and accurate.