



Lehigh Carbon Community College  
Financial Aid Appeal Form

Date \_\_\_\_\_  
Next semester you will be attending FALL SPRING SUMMER (circle one)  
Number of credits you will be enrolling for \_\_\_\_\_

Student's Name: \_\_\_\_\_  
(please print) Last First MI

Student ID# \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Have you been granted an appeal at LCCC before? YES NO (circle one) If so, when? \_\_\_\_\_

INSTRUCTIONS:

- 1. Submit the completed appeal form to the Office of Financial Aid at Lehigh Carbon Community College, Schnecksville campus.
- 2. The Office of Financial Aid will review the information listed on this form and will notify you in writing of its decision.
- 3. The Office of Financial Aid has 30 days from the date of submission to review this form.
- 4. **This form will not be reviewed unless the student is registered for classes before the semester of the appeal request begins.**
- 5. **This form will not be reviewed after the semester begins.**
- 6. **This form will not be reviewed unless the student's financial aid application is complete and all required documents have been submitted to the Office of Financial Aid.**
- 7. **A student will not be eligible to receive financial aid for courses which he/she is enrolled in for the third time.**
- 8. **Students may only receive a financial aid academic appeal once during the time they are attending Lehigh Carbon Community College.**

► **Incomplete forms will not be accepted or reviewed.**

Complete 1 and 2 below if you have not successfully earned 67% of attempted credits hours or the cumulative G.P.A. is below the required G.P.A. for the number of credits earned.

- 1. Explain the exceptional circumstances that caused your academic performance to fall below the minimum standards. (Attach additional sheets if necessary)

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2. If you believe your academic performance will improve in the future, specify what has happened or changed that will cause this improvement to occur (attach additional sheets if necessary).

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I understand if my appeal is approved, I agree to follow the appeal conditions as written on the appeal granted letter in order to remain eligible for federal financial aid.

If any of the following occur, I understand it will result in the termination of federal financial aid for future terms and I will not be able to appeal:

- Withdrawal from one or all courses during the appeal term
- Fail any courses
- Receipt of unofficial withdrawal (“W”) for one or all courses during the appeal term

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form to: Office of Financial Aid  
Lehigh Carbon Community College  
4525 Education Park Drive  
Schnecksville, PA 18078  
Fax No.: 610 799 1798