

EXCELSIOR SCHOLARSHIP PROGRAM

APPEAL FORM

You were recently notified of your ineligibility for the Excelsior Scholarship. To appeal this decision, **you must complete sections I through III** and **have your physician/health care provider complete section IV**, if applicable, of this form. Upload the completed form and all required documentation to:

<https://www.hesc.ny.gov/ExcelsiorAppeals>.

***Please note that failure to provide all required information and documentation will result in a denial of your appeal.**

I. STUDENT INFORMATION (Required):

Name (Last, First, MI): _____

SSN (last four digits): _____ Date of birth: _____

Email address: _____ Academic year: _____

Are you registered as an ADA student at your college? Yes **OR** No

I authorize any doctor, individual or entity with records concerning the basis of my appeal to release information and documentation to HESC and/or to speak with a HESC representative about matters related to this appeal with the sole purpose of determining award eligibility.

Student or Representative Signature: _____ Date: _____

II. BASIS OF APPEAL (Required) – Below, check the reason for your appeal, provide a brief personal statement explaining your circumstances and provide the required documentation indicated.

	Reason for Appeal	Documentation Required	Things to Note
<input type="checkbox"/>	ADA Disability - Self	1. Section IV completed by physician/health care provider 2. Unofficial transcript	To qualify under ADA, you <u>must</u> be registered with your college as an ADA student. The break in attendance or decrease in credits must coincide with dates from your physician/healthcare provider. Any additional documentation from physician/health care provider must be on official letterhead.
<input type="checkbox"/>	Medical (non-ADA) - Self	1. Section IV completed by physician/health care provider 2. Unofficial transcript	The break in attendance or decrease in credits must coincide with dates from your physician/health care provider. Any additional documentation from physician/health care provider must be on official letterhead.
<input type="checkbox"/>	Care for Applicant's Newborn	1. Typed personal statement in space provided below 2. Birth Certificate	The break in attendance or decrease in credits must be within one year of newborn's birth.

<input type="checkbox"/>	Military - Self	<ol style="list-style-type: none"> 1. Typed personal statement in space provided below 2. Department of Defense Orders 	Personal statement below must include dates of service/deployment.
<input type="checkbox"/>	Bereavement – Death of Immediate Family Member	<ol style="list-style-type: none"> 1. Typed personal statement in space provided below. 2. Death Certificate and/or Copy of Obituary 	Personal statement must include your relationship to the deceased. The break in attendance or decrease in credits must coincide with the date the immediate family member died.
<input type="checkbox"/>	Other	<ol style="list-style-type: none"> 1. Typed personal statement in space provided below 2. Submit any applicable supporting documentation 	

Please provide a 300-word (max) personal statement describing the circumstances of your appeal below. Do not leave this section blank.

III. STUDENT AFFIRMATION (Required)

By my signature below, I affirm, under the penalty of perjury, that the information I provided in this Appeal Form and any supporting documentation submitted are true and complete and will be accepted for all purposes as the equivalent of a sworn affidavit.

Student Signature: _____

Date: _____

