



**OFFICE OF FINANCIAL AID**

**NEVADA PROMISE SCHOLARSHIP APPEAL**

**RETURN TO ANY CSN'S FINANCIAL AID OFFICE WITH REQUIRED DOCUMENTATION**

This form is used by the College of Southern Nevada (CSN) to review for eligibility for the Nevada Promise Scholarship. CSN cannot waive or change the statutory requirements set by the Nevada Legislature however, if you believe you met the requirements or have extenuating circumstances, please complete this form with additional required documentation (requirements outlined for each appeal reason below) for further review.

**A. STUDENT INFORMATION**

NSHE ID	Last Name	First Name	MI
Promise ID	HS ID #	Email Address	Phone #

**B. CHECK THE REASON YOU ARE REQUESTING ADDITIONAL REVIEW FOR NEVADA PROMISE ELIGIBILITY**

- I completed the mandatory online training prior to the deadline.  
(Please provide a screenshot of completion screen for online orientation, print certificate of completion, or a screenshot of MyCSN demonstrating removal of orientation hold. Both must include a date).
- I completed and submitted my community service hours prior to the deadline (provide verification email and/or a copy of volunteer timesheet).
- I completed my mandatory mentor meeting prior to deadline (provide name of mentor, date and location of mentor meeting).
- I had an extenuating circumstance that barred me from completing my FAFSA by the March 1 deadline; or  
I submitted all of my required Financial Aid documents by June 1
  1. Please provide a signed, typewritten personal statement explaining the extenuating circumstances that prevented you from filing your FAFSA October 1 through March 1 or submitting your documents by June 1.
  2. Please attach any third party documentation that documents your extenuating circumstances. (screen shots, emails/letters from a third party)
- I UNDERSTAND THAT THIS MUST BE REQUESTED EACH SEMESTER**  
I have a documented disability with CSN's Disability Resource Center and I am not enrolling in 12 or more credits and I am exempt from the 3 year limitation to qualify for the Nevada Promise Scholarship for my first degree. Additionally, I understand that I am still responsible for completing satisfactory academic progress.

**DISABILITY RESOURCE CENTER**

DRC Printed Name/Title	DRC Signature	Term/Year	# Credits
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**C. CERTIFICATION AND STATEMENT OF UNDERSTANDING:**

I certify that the information contained within this appeal, including all attachments and enclosures, is accurate and truthful. I understand this information may be shared with members of the CSN Appeals Committee, and as part of my permanent student file, may be reviewed by federal/state employees, their agents, or others contracted by CSN to evaluate the administration of the Nevada Promise Program at CSN. I further understand the Office of Financial Aid will NOT hold my classes pending a decision by the appeal committee. I further understand that it is my responsibility to pay for my courses in order to remain enrolled if a decision is still pending.

Student Signature (Required)	Date
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