Academic Year: 2023-2024



Financial Assistance Appeal

<u>INSTRUCTIONS:</u> You must complete all sections (A-D) and provide supporting documentation that pertains to your situation. <u>Missing documentation and/or incomplete appeal forms will not be accepted; all documentation must be included at the time your</u>

<u>submission</u>. To view our appeal schedule or for more information about the appeals process please visit, https://www.cameron.edu/financial_aid/sap/sap-appeals.

A. Student Information		
Student Last Name	Student First Name	Student CU ID Number
Preferred Email	Student Phone Number	Date
B. Explanation and Documenta	tion of Circumstances	
actively doing to resolve it. Handwi	est applies to your situation. Next, type a statement expritten statements WILL NOT be accepted. Finally, provide we will provide examples of acceptable supporting docu	de documentation to support your typed
Birth of Your Child/Adoption	n eg: a copy of your child's birth certificate, documents r	regarding the adoption.
Death of Family Member eg	copy of death certificate, obituary, or statement from	pastor or funeral director.
Divorce/Separation eg: supp	porting court documentation.	
Max Hours eg: statement fro	m advisor, with a copy of your Degree Works, stating ho	ow many hours you have left to complete.
Medical Condition eg: stater	nent from primary doctor/surgeon/nurse confirming you	ur condition, medical records.
Military Service eg: copy of c	fficial military orders.	
Personal Issues eg: statemer	nt from a professional resource such as a counselor, past	tor, employer,professor, attorney, etc.
C. Student Self Checklist		
All boxes must be checked before	submission. If you are unable to complete the checklist below	v, please call the Financial Assistance office for help
FAFSA is completed and subr	nitted for the aid year you are appealing.	
Completed Section A, Student Information.		
☐ Circumstance has be☐ Personal statement		
Copy of Unofficial Transcript	has been provided	
Conv of Degree Works has he	en provided	

D. Certification and Initial

Tracking screen has been updated.

I certify that all statements as part of this appeal a	re true and accurate. (Initial)	
Decisions of the Appeals Committee are FINAL; I u (Initial)	nderstand if denied, I cannot appeal again until the next term.	
	decision from the committee, I am incurring charges for the es should my appeal be denied. (Initial)	
I understand I will be notified of the committee's of (Initial)	decision via my Cameron email and Personal email on file.	
I understand I get a maximum of 3 appeals during	my college career at Cameron University. (Initial)	
Student Signature	Date	
Submit completed form and required documents to: Office of Financial Assistance Cameron University – North Shepler 301 2800 West Gore Blvd Lawton, OK 73505-6320 FAX: 580-581-2556 PHONE: 580-581-2293 EMAIL: financialaid@cameron.edu		
	OFFICE USE ONLY	
Student has FAFSA on file for correct aid year.		
Student has submitted personal statement.		
Student has submitted supporting documentation.		
Student has submitted Unofficial Transcript.		