

Tennessee Education Lottery Scholarship (TELS) Appeal Form

Please complete the form below. Mail or fax this completed form back to the Office of Student Financial Services along with a letter providing a detailed explanation for your appeal and any supporting documentation.

Student Information

Student Name	LMU Student ID	Date of Birth	Phone Number
Address	City	State	Zip Code

Reason for TELS Denial:				
Reason for Appeal:				
<u>Summary of Circumstances</u>				
Please attach a letter detailing the reason you were denied the TELS funds, the special circumstances leading to your appeal, and attach any supporting documentation.				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">_____</td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Student Signature</td> <td style="text-align: center;">Date</td> </tr> </table> <p style="text-align: center; margin-top: 10px;"><i>Note: Retention of your TELS funds is dependent upon the decision of the Institutional Review Panel.</i></p>	_____	_____	Student Signature	Date
_____	_____			
Student Signature	Date			

For office use only				
<input type="checkbox"/> Appeal approved <input type="checkbox"/> Appeal denied				
Reason for denial:				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">_____</td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Signature</td> <td style="text-align: center;">Date</td> </tr> </table> <p>Date response letter was sent to student: _____</p>	_____	_____	Signature	Date
_____	_____			
Signature	Date			