2020-2021 I Know I Can Grant Special Circumstances Appeal Form

I Know I Can
1108 City Park Ave.
Suite 301
Columbus, OH 43206
Phone: 614-233-9510
Fax: 614-233-9512
www.iknowican.org

Students who do not meet established I Know I Can grant criteria have the opportunity to appeal on the basis of relevant, significant, and documentable extenuating circumstances for which they could not plan, influence, or prevent. The appeals committee will review your completed appeal and notify you of the results via mail. Submit your completed form and supporting documents by **July 1, 2020**. Incomplete appeals will not be considered.

Name: _____ _____ _____
LAST FIRST M.I

Email: _____ Telephone: _____

High School Graduated From: _____ Year of H.S. Graduation: _____

College Attending: _____ College ID#: _____

Major: _____ Anticipated Year of College Graduation: _____

Select the reason(s) your application was declined:

- ☐ Application incomplete
- ☐ Application submitted late
- ☐ Did not apply within one year of high school graduation
- ☐ Did not graduate from CCS
- ☐ Did not pass the OGT
- ☐ Exceeded four-year maximum
- ☐ GPA did not meet minimum
- ☐ Not eligible for Pell grant
- ☐ Part-time college enrollment

I certify that all information and documentation that I have submitted pertaining to this appeal is true.

☞ **SIGNATURE**: _____ **DATE**: _____

SUBMIT THE FOLLOWING ITEMS WITH THIS COMPLETED FORM BY JULY 1, 2020:

- ☐ **Typed personal statement**, written by the student and no longer than one page, that addresses:
  - Specific circumstances that have caused you to become ineligible for the grant.
  - Specific steps you are now taking to address these circumstances or what changes have occurred which will allow you to meet the grant criteria in the future
  - Your academic plan, career aspirations, and how you plan to achieve these goals
- ☐ **Supporting documents** *(if applicable)* that speak directly to the extenuating circumstances upon which the appeal is based. Examples of suitable supporting documents include but are not limited to:
  - Signed letter from physician on letterhead (medical, psychiatrist, and/or psychologist)
  - Hospital records or bills with dates of stay
  - Copy of police report or legal/court documents
  - Obituary notice or death certificate
- ☐ **Typed or neatly printed letter of support** on letterhead that verifies your special circumstances, discusses your character and qualities, and describes why the letter writer would recommend you. Your letter **cannot** be from a family member or peer (roommate, classmate, friend). Examples of suitable support letter writers include but are not limited to:

Academic advisor	IKIC advisor	Principal
Athletic coach	Member of the clergy	Resident advisor
School counselor	Mentor	Teacher/professor

- ☐ **College transcript**, online advising report, or grade report - must show cumulative GPA and **include spring grades**
- ☐ **Course schedule for the current semester** (upcoming semester if you are not currently enrolled)
- ☐ **Financial aid award letter**