



Walla Walla Community College

2025-26 FINANCIAL AID SUSPENSION APPEAL

All appeals must be submitted by a Navigator.
You will need to provide them with this form to submit.

Full Name:		ctcLink ID:
Email Address:		
I am appealing for reinstatement for: <input type="checkbox"/> Summer 2025 <input type="checkbox"/> Fall 2025 <input type="checkbox"/> Winter 2026 <input type="checkbox"/> Spring 2026		
Year and Quarter of Suspension:	Current Program:	
Reason for Appeal: <input type="checkbox"/> Illness <input type="checkbox"/> Death of Family Member <input type="checkbox"/> Other unusual or extraordinary circumstances		

****PLEASE NOTE:** Students appealing financial aid suspension **must have a completed financial aid file prior to submission.** Students owing a repayment to the school, State, or Federal government are not eligible to appeal until the debt is resolved. All students must demonstrate that the circumstances leading to their suspension were unusual or extraordinary in nature and were beyond the student's control. Students are responsible for all tuition and fees not covered by financial aid. Students will be notified of the appeal decision by email.

A COMPLETE APPEAL MUST INCLUDE:

- Financial Aid Suspension Appeal (this form) – completed, signed, and dated**
- Letter of Explanation, TYPED – Hand-written appeals will not be accepted**
This letter will describe, in detail, the circumstances that led to your suspension. The letter must address the following:
 - o What happened
 - o When it happened
 - o Why it happened
 - o What you will do to ensure it won't happen again
- Supporting Documentation**
Documentation should support your personal statement and may include, but is not limited to:
 - o Court documents
 - o Letter from a health care provider
 - o Letter from a public assistance agency
 - o Letter from the college's coordinator of Disability Support Services
 - o Letter from a member of the clergy
- Review, initial, and sign the Terms for Submitting a Financial Aid Reinstatement Appeal (back page of this form)**

*****APPEALS WITHOUT DOCUMENTATION WILL NOT BE ACCEPTED***
STUDENTS CANNOT APPEAL TWICE FOR THE SAME REASON**

By signing this form, I certify that the information contained herein is accurate and truthful. If asked, I will provide additional documentation to verify the accuracy of my appeal. Furthermore, I certify that I have read and understand Walla Walla Community College's Satisfactory Academic Progress Policy.

Student Signature

Date

****COMPLETED APPEALS ARE DUE BY THE END OF THE 1st FRIDAY OF THE QUARTER FOR WHICH YOU ARE APPEALING****



Terms for Submitting a Financial Aid Suspension Appeal

Please carefully *read and initial* the following terms:

- _____ I understand that the submission of an appeal is **not** a guarantee of reinstatement.
- _____ I understand that I am ultimately responsible for any tuition and fees not covered by financial aid, including any registration fees.
- _____ If my appeal is denied, I understand that it will be my responsibility to pay my tuition and I will be dropped from all classes or prevented from registering for future terms if I fail to.
- _____ I understand that it is my responsibility to purchase my books and supplies and attend all of my classes while the Committee reviews my appeal.
- _____ I understand that the Committee has the right to request additional documentation in order to make a determination.
- _____ I understand that the Committee decision is final and cannot be overturned.
- _____ I understand that if my appeal is approved, the Committee has the right to impose mandatory conditions on my reinstatement, including but not limited to a less than full time course load. Failure to adhere to these conditions will make me ineligible to appeal in the future.
- _____ I understand that if my appeal is approved, I must submit a signed copy of my *Acknowledgment of the Terms and Conditions of Financial Aid Reinstatement* and any other required documents within 5 business days.
- _____ I understand that if my appeal is approved, my financial aid will be reinstated based on the availability of funds, and that no funds will be disbursed to me until I submit a signed copy of my *Acknowledgment*.
- _____ I understand that I may only have two (2) appeals approved during my time at Walla Walla Community College.

I, the undersigned, certify that I have read and agree to the terms listed above.

Printed Name

Date

Student Signature

All appeals must be submitted via a Navigator. You will need to contact the Student Success Center to make an appointment. To speed up the process, you may bring this completed form, your letter of explanation, and supporting documentation to your appointment ready to submit.

Financial Aid Office

500 Tausick Way | Walla Walla, WA 99362
Phone: (509) 527-4301
financial.aid@wwcc.edu

Walla Walla Community College does not discriminate on the basis of race, color, national origin, sex, gender, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies: Vice President of Human Resources/Title IX Coordinator/Section 504 Compliance Officer; 500 Tausick Way, Walla Walla, WA 99362; (509) 527-4382; titleix@wwcc.edu