

**Bladen Community College**  
**Financial Aid Office**  
**PO Box 266 Dublin, NC 28332**  
**(910) 879.5562**

**SATISFACTORY ACADEMIC PROGRESS POLICY FINANCIAL AID APPEAL FORM**

**Student Name:** \_\_\_\_\_ **BCC ID#:** \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Semester for which you would like financial aid reinstated: Semester \_\_\_\_\_  
 Year \_\_\_\_\_

\*\*\* Will not go back more than one (1) semester.

Students seeking to reestablish financial aid eligibility remain ineligible to receive financial aid assistance or deferment of payment until the appeal process is complete and a decision has been made by the Financial Aid Office. **Students should be prepared to pay tuition, fees, and other educational expenses until s/he has been approved to receive financial aid. If your appeal is approved, you are not guaranteed replacement of any previously awarded financial aid package.**

**Events/circumstances that may merit an appeal:**

- Personal or family emergency
- Unanticipated, serious medical difficulty (excluding chronic conditions – students are responsible for properly balancing work with known chronic conditions)
- Death in family
- Military Service

Please describe in specific detail the unique and extenuating circumstances under which you were unable to fulfill the requirements of the Satisfactory Academic Progress (SAP) Policy for Financial Aid Eligibility. Indicate how your circumstances have changed so that you can comply with the policy in the future. If additional space is needed, please feel free to attach additional pages along with **photocopies** of any additional documents you wish to provide. The appeal must include all necessary documentation to support the existence of extenuating circumstances described and evidence that the



Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\* OFFICE USE ONLY \*\*\***

\_\_\_\_ SAP OK ( APPROVED )    \_\_\_\_ DENIED    \_\_\_\_ PROBATION THRU \_\_\_\_\_

Date: \_\_\_\_\_