

South Carolina Higher Education Tuition Grants Commission

REQUEST FOR REVIEW OF SC TUITION GRANT ELIGIBILITY

Student Name: _____ Student SSN (*last 4 digits*): XXX-XX- _____ Award Year: _____

Address: _____ Phone: (____) _____

E-Mail: _____ College: _____

PLEASE PROVIDE A LETTER OF EXPLANATION AND ANY OTHER SUPPORTING DOCUMENTATION DESCRIBING THE BASIS FOR YOUR REQUEST.

The Commission can better review your situation and make a quicker decision concerning your request if you submit clear explanations and reasonable documentation. Your request should include the following essential components:

1. A clearly written letter explaining the situation with sufficient information for the review committee to make a decision. The letter **MUST** be signed by the student and the student's parent(s), or spouse if married, if the situation involves them.
2. Provide dates concerning the situation including, if applicable, a date for an expected end of the situation.
3. Copies of ALL college transcripts, including transcripts from previously attended institutions, if applicable.
4. If your request for a review involves a change in income, assets, family size, or number of family members attending college, you must first approach your college's financial aid office concerning a "Professional Judgment Review." If your request is approved by your college's financial aid office, your financial aid administrator will provide all relevant information directly to the Commission.

PLEASE ALLOW 2 TO 4 WEEKS TO COMPLETE PROCESSING OF YOUR REQUEST.

PLEASE NOTE: TO BE CONSIDERED, ALL APPEALS, WITH COMPLETE DOCUMENTATION, MUST BE RECEIVED BY THE COMMISSION'S APPEALS COMMITTEE BY NOVEMBER 15.