



## 2020-2021 Pell Census Appeal

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

ARCC E-mail Address: \_\_\_\_\_@my.anokaramsey.edu Telephone: \_\_\_\_\_

Semester of Appeal: \_\_\_\_\_ Total Registered Credits: \_\_\_\_\_

### Pell Grant: "Census Date"

Your Pell Grant award is calculated based on your registration as of the Pell Census Date (the Add/Drop date) for the term. This is typically the 5<sup>th</sup> calendar day of the term. Your Pell Grant **will not be automatically adjusted** for additional course registrations that take place after this date. If you register or modify your course schedule after the Pell census date, you may appeal to have your Pell Grant eligibility reviewed. **Your request may take up to 10 working days to review.**

### Instructions for Completing Pell Grant Appeal

1. **Complete This Form in its Entirety.** Your semester of appeal and total registered credits must be listed above or your appeal will not be considered.
2. **Attach a Letter of Explanation of Valid Circumstance for Registration After the Pell Census Date:** Please provide on a separate sheet of paper a statement which fully describes any circumstances you encountered during the semester of the appeal. Examples of valid circumstances include: switching sections of the same course and Consortium Agreements not processed by the Financial Aid Office before the census date. Registration of Independent Study courses after the Pell Census Date is **not** considered a valid circumstance for this appeal.
3. **Attach Documentation to Support Your Petition:** In addition to your statement, please provide documentation verifying the circumstances you described in your statement.

*I am requesting an adjustment to the information upon which my financial aid application is based. I understand that it is a violation of both Federal and State laws, as well as the College's Code of Conduct, to purposefully provide false or misleading information to agents of the college in connection with my application for financial aid.*

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

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### Office Section:

#### YOUR APPEAL REQUEST IS:

- Approved
- Pending: \_\_\_\_\_
- Denied: \_\_\_\_\_

FA Signature \_\_\_\_\_ FATitle \_\_\_\_\_ Date \_\_\_\_\_