



BILL GATTON  
COLLEGE of PHARMACY  
EAST TENNESSEE STATE UNIVERSITY

### GCOP HOPE Scholarship Appeal

#### How to submit:

Complete the following information and submit your appeal (including your statement and supporting documentation) to the ETSU College of Pharmacy, Office of Financial Aid, Box 70414, Johnson City, TN; Fax: 423-439-6320. **Incomplete petitions will be denied.**

Name: \_\_\_\_\_ ETSU ID Number E \_\_\_\_\_  
ETSU Email \_\_\_\_\_ Physical Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**IMPORTANT:** ETSU nor TSAC is able to make exceptions to the GPA requirement, regardless of extenuating circumstances. Although your appeal may be granted for one of the reasons below, you will not be eligible for a TELS award unless and until you meet the GPA requirements and all other TELS requirements.

#### Indicate the type of appeal:

- ☐ I changed from full-time to part-time after the last date to drop without a "W"
- ☐ I changed from part-time to less than half-time after the last date to drop without a "W"
- ☐ I withdrew from all classes
- ☐ I did not/will not enroll for one or more required semesters

#### Indicate the reason for this appeal:

- ☐ Illness of student
- ☐ Illness or death of immediate family member
- ☐ Extreme financial hardship
- ☐ Religious commitment expected of all members of your faith
- ☐ Pregnancy
- ☐ Military Leave
- ☐ Other extraordinary circumstances beyond student's control

In which semester did (or will) the above event occur? \_\_\_\_\_  
If you are not currently enrolled, in which semester will you reenroll? \_\_\_\_\_  
Have you previously filed a TELS appeal for any reason? Yes \_\_\_ No \_\_\_

**Instructions:** Attach all required information listed below to this coversheet, and submit it at the same time.  
**Incomplete petitions will be denied.**

#### Please provide the following information:

1. Attach a letter (typed or legibly written) describing your reasons for an appeal. In this letter, explain what has changed in your situation that will ensure your successful completion of future courses.
2. Enclose copies of supporting documentation

ETSU College of Pharmacy, Office of Financial Aid, Box 70414 Johnson City, Tennessee  
37614; Phone: (423) 439-6238; Fax: (423) 439-6320 Email: kincera@etsu.edu

## GCOP HOPE Lottery Scholarship Appeal

### Other Supporting Documentation (Include Any Of The Following That Supports Your Appeal):

- ☐ Medical statement from physician or other health care provider and release date to return to school
- ☐ Death certificate or obituary of immediate family member
- ☐ Proof of income (W-2, tax returns, pay stubs, social security number, child support, etc.)
- ☐ Debts/bills (mortgage/rent, car payments, utilities, medical bills, child care, credit card statements, student loans, insurance, etc.)
- ☐ Letter from religious organization
- ☐ Police/accident report
- ☐ Military service/discharge documentation
- ☐ Birth certificate of child

### Please initial after reading the following statements:

- ☐ I verify that all of the above statements and my attached explanation and documentation are true and accurate.
- ☐ I authorize the release of my information to the ETSU Institutional Review Panel for review of my appeal.
- ☐ I understand that I cannot appeal the TELS GPA requirement and that neither ETSU nor TSAC is able to make exceptions to the TELS GPA requirement, regardless of extenuating circumstances.

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

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

**Note: You should receive a response via your ETSU email within 14 business days of filing a complete packet.**