

FINANCIAL AID DENIAL LETTER FOR SATISFACTORY ACADEMIC PROGRESS

Dear Student:

We have completed our review of your academic status for the 2022-2023 Academic Year. We regret to inform you that you have not met the minimum standards for satisfactory academic progress to receive aid. Therefore, you will not be eligible for any student financial assistance.

Students must maintain satisfactory academic progress to be eligible any student aid at Essex County College. To maintain satisfactory academic progress, you are required to earn at least 67% of all the college level credits you attempt with a 2.0 or better Grade Point Average (GPA). Please review the Financial Aid Counseling Tips for Students (FACTS) publication, available at <https://www.essex.edu/fa/> for the complete satisfactory academic progress policy. If extenuating circumstances prevented you from maintaining satisfactory academic progress, you may be eligible to file an appeal.

The Financial Aid Office will have the final decision on all appeals. If you file an appeal, please remember, if you register for classes for 2023-2024 before the appeal process is completed, you will be required to make a payment from your own resources to protect your registration. You will not be eligible for any assistance from financial aid until your appeal has been reviewed and approved by the Financial Aid Office. If you have any questions, please contact your Financial Aid Officer to schedule an appointment, or visit our front desk for assistance during regular business hours.

STEPS FOR FILING A SATISFACTORY ACADEMIC PROGRESS APPEAL

Step 1 - Complete and file your 2023-24 FAFSA® and submit all required documents and forms requested by the Financial Aid Office. You must have a 2023-24 FAFSA® on file before your appeal can be reviewed.

Step 2 - You must complete a Financial Aid Probation Appeal Form to file an appeal. Download the form from <https://www.essex.edu/fa> or request the form from your assigned Financial Aid Officer.

Step 3 – Include documentation to substantiate any appeal claim(s). All claim(s) must be substantiated by a disinterested, third party (no family members), on official, professional letterhead, signed and dated.

Step 4 – Submit the appeal form to the Financial Aid Office before the semester deadline listed on the appeal form. If approved, you will be placed on financial aid probation and awarded for only one (1) semester. At the end of probation semester, the Financial Aid Office will again review your academic progress to determine if you are eligible to continue receiving aid.

Remember that during the Probation Semester, you are not allowed to earn any of the following grades in any class: “W” - Withdraw, “I” – Incomplete, “F”- Failure, “N” – No Progress, or be reported as a “No Show” (NS) - Non-Attendance. You must earn a 2.0 or better GPA to remain eligible for aid.

MEETING WITH COUNSELOR TO COMPLETE THE PROCESS

If your appeal is approved, you must meet with a Counselor in either the Student Development and Counseling (SDC) Office or the Educational Opportunity Fund (EOF) Office (if you are a recipient of EOF funds), during which time the counselor will review your academic record with you and you will have an opportunity to discuss any issues that may be impacting your ability to complete your academic program at the College.

WHEN SHOULD I REGISTER FOR MY CLASSES?

You may register any time. You are solely responsible for payment until your appeal is reviewed for approval by the Financial Aid Appeals Committee and you complete the process by meeting with a counselor.

SAMPLE SAP APPEAL LETTER

Today's Date

Your Full Name

Your ECC Student ID #

RE: SAP Appeal Letter

Dear Office of Financial Aid:

I, <YOUR NAME HERE> am a student of Essex County College. I am submitting this letter with my SAP Appeal Form to explain the circumstances that contributed to my Unsatisfactory Academic Status.

What happened: In this paragraph explain in detail the circumstances.

What has changed: In this paragraph explain how the circumstances have been resolved, and include the steps you have taken or will take that will help you succeed in the next term.

Attached are the supporting documents, verifying my circumstances:

1. Name of document 1
2. Name of document 2
3. Name of document 3

Thank you for your consideration.

Sincerely,

Your Full Signature Here

APPEAL FOR FINANCIAL AID PROBATION FORM

Semester/Term: ☐ **Summer 2, 2023: Deadline July 30, 2023** ☐ **Fall 2023 Deadline: November 15, 2023**
 ☐ **Spring 2024: Deadline March 15, 2024** ☐ **Summer 1, 2024 Deadline: May 30, 2024**

Student Name (Last, First): _____ **ECC ID Number:** _____

Home Phone: _____ **Mobile Phone:** _____

You failed to maintain Satisfactory Academic Progress (SAP). However, you may file this appeal to be placed on Financial Aid Probation. If you had extenuating or special circumstances beyond your control (read the satisfactory academic progress policy on our website: www.essex.edu/fa), please follow the steps below to successfully file your appeal:

- **Step 1** – Check below the reason why you experienced academic difficulties.
- **Step 2** – **Attach your appeal letter (see sample letter page 2) and supporting documentation (see below). An appeal must be accompanied by appropriate, formal documentation for substantiation by a disinterested, third party (professional unaffiliated with you).**
- **Step 3** - Once you complete this form, submit this form by the deadline date listed for the semester/term, your letter and supporting documentation to the Financial Aid Office, c/o Financial Aid Appeals Committee, via Mapping Xpress.
- **Step 4** – If your appeal is approved, you will be required to meet with Academic Advisor in the Student Development and Counseling Office, or if you are a recipient of Educational Opportunity Fund grant(s) you should meet with a counselor in the EOF office. You will not be eligible for any student aid until the counseling office has notified us that your counseling is complete.

REASON FOR YOUR APPEAL:	REQUIRED DOCUMENTATION
<input type="checkbox"/> ASSAULT	<ul style="list-style-type: none"> • Supporting correspondence from clergy, social worker, counselor, medical provider, or law enforcement representative.
<input type="checkbox"/> CHILDCARE	<ul style="list-style-type: none"> • Correspondence from new and/or former daycare provider. • Letter from child care/day care provider regarding why child unable to attend.
<input type="checkbox"/> DEATH	<ul style="list-style-type: none"> • Letter from counselor, religious leader verifying death of loved one. • Obituary and/or funeral program (with proof of direct familial connection - only for immediate family (parent, sibling, grandparent)).
<input type="checkbox"/> EMPLOYMENT	<ul style="list-style-type: none"> • Employer letter with effective dates(s) and whether the increase in hours was necessary • Termination/separation letter
<input type="checkbox"/> EVICTON/HOMELESSNESS	<ul style="list-style-type: none"> • Eviction notice • Letter from transitional housing program • Verification letter from social worker, counselor, faith leader.
<input type="checkbox"/> MEDICAL	<ul style="list-style-type: none"> • Correspondence from medical/dental provider regarding condition, dates of care, and assessment of applicant ability to return to education. • Letter from medical provider advising period of recovery.
<input type="checkbox"/> OTHER: _____	

INITIAL HERE ▼	Please verify by initialing each statement, that you have read and understand the following:
	I understand that I must meet SAP requirements to maintain eligibility for student aid; I understand I am required to earn at least 67% of all the college level credits I attempt with a 2.0 or better Grade Point Average (GPA) per semester.
	I understand that I must meet the requirements of my Academic Plan, which states that I must complete 100% of the course which I attempt. No F, I, any withdrawal related grade, or be reported as a No Show in any course; and must have a 2.0 GPA for the semester/term.
	I understand that if I will not be making SAP at the conclusion of the semester and has not met the term of my Academic Plan that I will not be eligible for financial aid, and I will be responsible for my tuition bill.
	I understand that if for any reason financial aid is denied, and I am deemed ineligible I am responsible for paying my tuition bill. I will be notified of the final decision concerning my appeal via my ECC Student email.
	I understand that if the appeal is not submitted by the indicated deadline date for the semester/term I am appealing, my appeal will be reviewed for consideration for the next semester/term.

CERTIFICATION STATEMENT:

I certify that I have read this form, provided documentation to support my appeal and all statements provided are true and correct to the best of my ability and I understand that my grades must be posted before eligibility can be determined. If I register before eligibility is determined, I must be prepared to make a payment on my registration bill.

Student's Signature (Full, complete signature; no initials)	Date

FOR FINANCIAL AID OFFICE USE ONLY

☐ APPROVED ☐ DENIED

☐ FAP1 ☐ FAP2 ☐ FAP3 ☐ FAP4 ☐ FAP5 ☐ FAP6 ☐ FAPA

FAO Signature	Date