



Mailing Address:
Downey Adult School
Career One Stop Center
Financial Aid Office
12340 Woodruff Avenue
Downey, CA 90241

Phone: 562-940-6247 Fax: 562-940-6256
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Appeal Request Form – Financial Aid

Date: _____ SS#: _____

Name: _____ Phone #: _____

Address: _____

City, State, Zip: _____

Important Things to Remember:

All appeals must include a written statement of a thorough explanation of all circumstances that have contributed to unsatisfactory academic progress and financial aid suspension.

Supporting documentation (doctor's notes, medical statements, copies of death certificates, etc.) must accompany the appeal. Failure to submit such documentation will delay the appeal process.

Additionally, all appeals must include a written statement of how the situation has changed/corrected to ensure that the student's academic progress will improve and be successful.

Please print neatly.

Decision being appealed:

Action requested:

Reason for appeal / explanation of circumstances: (attach additional sheets if necessary)

How has the situation changed/corrected so as to be successful in the future: (attach additional sheets if necessary)

Supporting documents attached? Yes No

Signature of Certification:

- I understand that by submitting an appeal, a reversal of my suspension is not guaranteed.
- I will submit, in a timely manner, any other information/documentation requested by the Financial Aid Review Committee related to this appeal.
- I certify that the information provided on this form, including all supporting documentation, is accurate and true to the best of my knowledge.
- I understand that any false information will be sufficient cause for the denial, reduction, and/or repayment of financial aid.

Student's Signature

Date