

**MTSU Financial Aid
Tennessee Education Lottery Scholarship
Military Service Appeal Form**

Please Note:
You should receive a response via
your **campus email** within
14 business days.

Complete the following information and return your appeal (including statement and documentation) to the Financial Aid Office. You may mail the appeal to CAB 218, Murfreesboro, TN 37132, or fax it to (615)898-5167.

Name: _____ **MTSU ID #:** _____
Address: _____
Street Apt. # City State Zip
Email Address: _____ **@mtsu.edu** **Phone:** (_____) _____

Indicate the type of appeal:

- I did not enroll for one or more required semesters due to military service.
- I changed my enrollment status or withdrew due to military service.
- I did not enroll within 16 months of high school graduation or GED completion due to military service.
- I do not meet residency requirements and/or did not attend an eligible Tennessee high school, due to military service of one or both parents.

Please list the dates of military service: Start _____ End _____

Where were you or a parent stationed? _____

In which semester will you reenroll? _____

Have you previously filed a TELS appeal for any reason? Yes No

To appeal, provide the following information: **(Appeals will not be reviewed without verifiable documentation.)**

1. A copy of your DD214, showing a discharge other than dishonorable.
2. A copy of your orders, showing the dates and location of service.
3. If petitioning for residency, documentation from the military showing that Tennessee is the State of Record.

Please initial:

_____ *I verify that all of the above statements and attached documentation are true and accurate.*

_____ *I understand that I must enroll within 1 year of discharge and within 7 years of high school graduation to be eligible for a Tennessee Education Lottery Scholarship.*

_____ *I authorize the MTSU Financial Aid Office to release information to the Tennessee Assistance Corporation (TSAC) for review of my appeal.*

Student Signature: _____ Date: _____

For Office Use Only Request is: Approved Denied
Signature of IRP or Director: _____ Date: _____
Comments: _____

Updated: Egrands SZATELS RHACOMM RPAAWARD Decision Letter