Tennessee Tech University
Tennessee Lottery Scholarship (TLS) Recipients

Request reinstatement on TLS Scholarship

Send this form and supporting documentation to Ms Adriane King, Financial Aid Office, Roaden University Center Room 214

Name _____ Soc. Sec. No._____

Address _____ Phone _____

_____ E-mail _____

Indicate the basis for your request and state additional information below; then attach verifiable documentation. **Forms will not be accepted without copies of proper documentation** (hospital, doctor, lawyer, etc.).

___ Major illness of student
___ Major illness or death of an immediate family member (parent, sibling, spouse, child)
___ Extreme financial hardship
___ Extraordinary circumstances beyond the student's control

_____

(Use the back of this sheet if additional space is needed)

Student's Signature _____ Date _____

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Office use only

Institution Review Panel: Approved _____ Denied _____ Date _____

Signature of member of IRP _____

Comments: _____

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