PASCO HERNANDO COMMUNITY COLLEGE BRIGHT FUTURES APPEAL FORM

Scholarship for which you are requesting the appeal: Term:_____

- ☐ Florida Bright Futures Academic Scholarship
- ☐ Florida Bright Futures Medallion Scholarship
- ☐ Bright Futures Gold Seal Scholarship

Reason for appeal: ☐ Illness ☐ Emergency ☐ Other

The following information is attached: ☐ Letter of explanation ☐ Supporting documentation

Name:_____
Last Name First Name

Address:_____
City State Zip Code

Phone Number: ( )_____ PHCC ID#:_____

Please read **carefully** and **initial** each statement and sign below.

I understand that:

_____ If my appeal is approved, I acknowledge that the credit hours will be counted as used against my total Bright Futures eligibility.

_____ If my appeal is approved, Pasco-Hernando Community College will adjust the Bright Futures overpayment for the withdrawal.

_____ If my appeal is denied, I will be responsible for repayment of the Bright Futures amount disbursed for all withdrawn credits.

_____ I understand that I must submit my Bright Futures appeal to PHCC by August 15 in order to be considered for renewal eligibility for the upcoming academic year.

_____ _____
Student's Signature Date

Office Use Only

Date received:_____ Processed by:_____ Approved Disapproved
Date reply sent to student:_____ Updated SSFAD:_____
Comments:_____
_____
_____

(REV. 10/09)