

**ENROLLED FOR LESS THAN 12 CREDITS
DUE TO DISABILITY**
Appeal Form for Maryland Community College Promise
Academic Year 2020-2021
appeal.mhec@maryland.gov

SECTION A – Instructions:

Maryland law requires that a student be enrolled for at least 12 credits each semester in order to receive a **Maryland Community College Promise Scholarship**. You may be eligible to appeal this requirement and receive an award if you have a disability that prevents you from enrolling in 12 credits.

Appeals will NOT be considered for: convenience; hardship; or because only a certain number of courses are needed to complete degree requirements.

If your appeal is approved, your award will be recalculated based on your part-time status. A student enrolled for 9-11 credits will receive three-quarters of the award. A student enrolled in 6-8 credits will receive one-half of the award. **A student with five (5) or less credits is not eligible for a grant. Audited courses cannot be used to attain minimum hours required for full-time status.**

You MUST submit a separate appeal form for each semester in which you are enrolled for less than 12 credits. You MUST provide documentation that includes:

- o Documentation of the courses and credits you are taking for the semester appealed (i.e. – class schedule)
- o Medical documentation from your physician outlining the nature of your disability. The documentation should specify whether your disability is permanent or temporary. If it is a non-permanent disability you will have to provide medical documentation with each appeal each semester.

Appeal forms and supporting documentation must be submitted no later than **October 15, 2020** for students appealing for the Fall 2020 semester and **March 15, 2021** for students appealing for the Spring 2021 semester.

NOTE: Students with an approved appeal are still limited to eight semesters of the Howard P. Rawlings grant.

SECTION B - Personal Information:

1. MHEC ID Number: _____
2. Last name: _____ First name: _____ MI: _____
3. Permanent mailing address: _____
City: _____ State: _____ Zip code: _____
4. Home phone: _____ e-mail address: _____

SECTION C - School Information:

1. Institution currently attending: _____
2. Housing status: ___ on campus ___ off campus ___ with parents or other relatives
3. Year in school: (e.g., freshman) _____ Declared major: _____
4. Semester: (e.g., Fall 2020) _____ # of credits for which registered: _____

Specific courses for which registered (e.g. NURS 101) _____

Student's signature: _____ **Date:** _____

(Continued)

SECTION D – Financial Aid Officer Certification:

Your appeal will not be granted if you have been awarded a MD State Part-time grant by your financial aid office. Please have your financial aid office representative complete the following:

I certify that the above listed student has not been awarded a MD State Part-time grant by this institution for the semester(s) outlined above.

COMPLETED BY: _____ SIGNATURE: _____
Print Full Name of FAO

TITLE: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

This form and documentation as outlined above may be submitted in one of the following ways:

1. **By Mail:** Maryland Higher Education Commission
Office of Student Financial Assistance
Attention: GA Grant Verification
6 N. Liberty Street, Ground Suite
Baltimore, MD 21201; or
2. **Email:** appeal.mhec@maryland.gov