



# Santiago Canyon College

## Financial Aid Office, E-104

Phone: (714) 628-4876 | Fax: (714) 639-0756 | <http://www.sccollege.edu/FinancialAid>

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Date: \_\_\_\_\_

### ◆ **FINANCIAL AID DISQUALIFICATION NOTICE** ◆ **Santiago Canyon College Financial Aid Office**

**Your SAP status is based on the conclusion of your last term of enrollment.**

Please read the following information regarding your current SAP status:

**You are currently in a “Disqualified” status for Financial Aid.** You are disqualified from receiving financial aid at Santiago Canyon College (SCC) because your cumulative GPA is below a 2.0 and/or your percentage of units completed is less than 64% of all coursework attempted.

Since you have not met the SAP standards, you must complete the following steps to appeal for consideration of reinstating your eligibility for financial aid:

#### **STEP-BY-STEP APPEAL INSTRUCTIONS FOR DISQUALIFIED STUDENTS:**

1. All students must have a declared major with our Admissions and Records Office (Room E- 101). (Please make sure to check that you have your major correctly listed with SCC by logging on to WebAdvisor or by checking with the Admissions and Records Office).
2. You are required to read the SCC Satisfactory Academic Policy and view the SAP PowerPoint presentation on the web at <https://sccollege.edu/StudentServices/FinancialAid/Pages/Satisfactory-Academic-Policy.aspx>
3. You must write an appeal statement. Include a clear explanation of the circumstances that caused you to be disqualified from financial aid. You may include any relevant supporting documentation.
4. You **MUST** also schedule an appointment with an Academic Counselor with the [SCC Counseling Department](#) to have a Comprehensive Student Education Plan (CSEP) completed. **Please Note:** If you have outstanding academic transcripts, you must submit the official transcripts for evaluation to the [Admissions and Records Office](#) before you schedule an appointment with an Academic Counselor.
5. Following your counseling appointment, you are eligible to submit your appeal to the Financial Aid Office along with the CSEP. Appeals will not be accepted unless you have completed all of the steps.
6. All of the above must be submitted prior to the deadline date as established. **Check the SCC SAP Policy for deadline dates.**

**Please Note:** As a financial aid recipient, it is your responsibility to understand the terms and conditions of the SCC Satisfactory Academic Progress Policy as it applies to your financial aid eligibility. *Submission of appeal documentation does not guarantee that your financial aid will be reinstated.*

**THE FINANCIAL AID APPEAL COMMITTEE WILL REVIEW YOUR APPEAL STATEMENT  
AND YOU WILL BE NOTIFIED BY EMAIL OF THE DECISION MADE BY THE APPEAL COMMITTEE.**

We are here to support your academic success and the possibility of future reinstatement of your financial aid.

Please do not hesitate to contact our office if you have any questions regarding this notification.

**Terms for participating in SAP Appeal process:**

- I understand that I will be notified by email of the Financial Aid Appeal Committee’s decision.
- I understand that I am currently NOT eligible to receive financial aid, including loans, except for the California College Promise Grant (CCPG) if eligible.
- I understand that if the appeal is approved with conditions, I must fulfill ALL conditions of the appeal approval to maintain my eligibility.
- I understand that the appeal committee will review all history available, including current semester activity.
- I understand that an appeal approval cannot re-instate my aid for a prior semester.
- I must submit all appeal paper work requested to the Financial Aid Office.
- I understand that I must turn in all documents in order for my appeal to be reviewed.
- I understand that the Appeal Committee’s decision is FINAL.

**APPEAL STATEMENT**

You may write your statement below or on a separate paper if needed.  
(Please write “See attached” if you are using separate or additional paper(s) to complete your appeal statement).

**By signing below, I agree that I have read the above terms for participating in the SAP Appeal Process and agree to abide by them.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR ACADEMIC COUNSELOR USE ONLY:** Please complete a Comprehensive Student Education Plan A, B or C for the student.