



Santiago Canyon College

Financial Aid Office, E-104

Phone: (714) 628-4876 | Email: finaid@sccollege.edu | <http://www.sccollege.edu/FinancialAid>

Student Name: _____ Student ID#: _____ Date: _____

Financial Aid Appeal: Request for Second Review

Your appeal was reviewed by the SCC Financial Aid Appeal Committee and has been denied. You may submit this form to request a second review process to the SCC Financial Aid Office. A second review will be conducted by someone who did not participate in your initial appeal review. The decision of a second review is **final** and cannot be re-appealed.

Terms for participating in the Second Review Process (Please check boxes and sign below):

- I understand that I will be notified of the decision by email.
- I understand that my original appeal documentation will be used for the second review process, and that I may submit an additional statement and/or supporting documentation.
- I understand that I am currently NOT eligible to receive financial aid, except for the California College Promise Grant (CCPG) if eligible.
- I understand that if my appeal is approved with conditions, I must fulfill all conditions of the approval to maintain eligibility.
- I understand that all academic history and current semester activity will be reviewed.
- I understand that approval of an appeal cannot reinstate financial aid for a prior semester.
- I understand that this request must be submitted by the appeal deadline established in the [SCC Satisfactory Academic Progress Policy](#).

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 reinstatement of financial aid.

We are committed to supporting your academic success and the possibility of future financial aid reinstatement. Please contact our office if you have any questions regarding this notification.

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

Signature: _____ Date: _____