



Appeal Form

Student Information

Student Name: _____ DOB: _____ Date: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Term: _____

Procedures for Filing an Appeal

*The appealing party shall file or postmark a written appeal with the ONNSFA within **twenty (20) working days after the postmarked date** of the award/denial letter. [ONNSFA Policies and Procedures, Article 15 (a)]*

1. Complete this form and sign.
2. Complete the written statement section by providing a clear and concise statement of the facts, pertinent dates, complaint to be considered.
3. Include supporting documentation. (Supporting letters from instructors, physicians, etc., must be written on official letterhead.)
4. Submit your completed form and documentation to your ONNSFA agency. [ONNSFA Agency Contact List](#)
5. Upon receiving the request to appeal, the ONNSFA shall contact the student/appellant by telephone, letter, or email to attempt resolution within ten (10) working days of receiving the letter requesting appeal.

For more information on the appeals process review the [ONNSFA Policies and Procedures](#), Article 15, Page 10.

Personal Statement

Explanation of Events:

Student Signature: _____ Date: _____

For Office Use Only

Approved Denied

Date: _____

Comments: _____

