



SAIPAN HIGHER EDUCATION FINANCIAL ASSISTANCE

Office of the Mayor
Municipality of Saipan

APPEAL FORM

Student Name: _____

Indicate term appealing for: Fall ___ Spring ___

Social Security Number: ___-___-___	Phone Number:
Mailing Address:	

Reason(s) for Appeal:

- I did not submit my application before the established deadline and/or I did not submit my supporting documents before the established deadline.
- I am not a US citizen/ US permanent resident or I am unable to provide 1 year proof of CNMI residency.
- I am not a full time student.
- I am below the cumulative grade point average (CGPA) requirement or I did not maintain the cumulative grade point average (CGPA) requirement.
- I did not maintain the required number of credits by the end of the term from last award received.
- I have reached the duration of my award. Pls. indicate your class standing: _____
- Other: _____

*Please attach appeal letter with supporting documents. Appeals are assessed individually based upon the nature of your situation, program rules and regulations, the SHEFA appeal policy, funding restrictions and supporting documentation to substantiate your circumstances.

Certification: I certify that all information and documents provided is true and complete to the best of my knowledge. I agree to provide proof of information stated on this form. I understand that if I fail to provide documents of falsify any information provided my appeal will be denied.

Student Signature: _____ Date: ___/___/___

FOR OFFICE USE ONLY

SHEFA Board Decision

Approved Denied Further Information Required

SHEFA Board Signatures:

