



AMERICAN SAMOA COMMUNITY COLLEGE

Financial Aid Office, P.O. Box 2609 Pago Pago, AS 96799
Telephone: (684) 699-9155, Fax: (684) 699-8968 email: faid@amsamoa.edu

2016—2017 Appeal for Unusual Enrollment History

Your 2016-17 financial aid application has been selected for a review based upon your enrollment history. The Financial Aid Office is required to review your academic history for the past three years before your financial aid eligibility can be determined. If you fail to provide the required documentation, you will be denied federal financial assistance.

Student's Name: _____ Student ID#: _____

P.O. Box # and Village: _____ Home/Cell Phone: _____

STEP 1: Please complete the information below for all institutions attended for the years indicated.

Academic Year	Institution(s) Attended	Pell Grant Funds Received (if 'Yes,' list the amount or indicate N/A)	Academic Credit(s) Earned (if 'Yes,' list the number or indicate if none were received)
<i>2012-13</i>			
<i>2013-14</i>			
<i>2014-15</i>			
<i>2015-16</i>			

STEP 2: If you answered 'Yes' to earning academic credits (above), submit an official transcript documenting the credits earned.

STEP 3: If you DID NOT earn academic credit at each of the institutions listed in Step 1, provide a statement that explains why you failed to earn academic credit at each of the institutions where no credit was earned.

STEP 4: Certification Statement

I certify that the information provided on this appeal form is true and complete to the best of my knowledge. I agree to submit additional documentation as listed in Step 1-3 to support my appeal. I understand that willful omission or falsification of information or documentation accompanying this request may result in the automatic denial, reduction, or repayment of financial aid.

Student Signature: _____

Date: _____