



Office of Financial Aid: financialaid@tntech.edu or Mail to 1000 N. Dixie Ave. Campus Box 5076

Tennessee Tech University

Tennessee Education Lottery Scholarship (TELS) Recipients

Request permission to continue on TELS during the _____ semester, 20____

_____ **After dropping below full time or half time, or**

_____ **Total withdrawal from the University**

Send this form and supporting documentation to Attn: Lottery Specialist, Office of Financial Aid,
Jere Whitson 302 or P.O. Box 5076

NAME _____ Date of Request _____

T Number _____ Phone # _____

TTU E-Mail Address _____

Indicate the basis for your request below and attach verifiable documentation.

Forms will not be accepted without copies of proper documentation.

_____ Major illness of student

_____ Major illness or death of an immediate family member (parent, sibling, spouse, child)

_____ Extreme financial hardship

_____ Extraordinary circumstances beyond the student's control where continued enrollment status by the student creates a substantial hardship.

Please provide a separate letter explaining your reason for this appeal along with supporting documentation.

Student's Signature _____ Date _____

Lottery Scholarship Specialist _____ Date _____