

  
**FRANKLIN AVENUE BAPTIST CHURCH**  
**SCHOLARSHIP COMMITTEE**

## REQUEST FOR EXCEPTION-APPEAL REVIEW

### POLICY

Graduating high school senior students of Franklin Avenue Baptist Church are afforded the opportunity to apply for the Franklin Avenue Baptist Church (FABC) Scholarship. If approved, the student is granted the award over a period of four years. In order for the student to be considered and/or awarded the original scholarship, he/she must meet the scholarship criteria. To continue receiving the scholarship, students must also comply with continuing student requirements. In the event of denial due to an extenuating circumstance, students will be given the opportunity to submit an Exception Appeal.

Students will only be allowed to submit two (2) appeals requests over the duration of their four (4) year scholarship period. Appeals will be reviewed by an Appeals Sub-Committee which includes four members from the scholarship committee, and one member of the ministerial staff. Appeals will be reviewed in a fair and equitable manner and in accordance with policy. Please allow **at least thirty (30) days** for the evaluation and processing of your request. The Scholarship Committee will notify the student (also referred to as applicant) of the Appeals Sub-Committee's decision. **The decision of the Appeals Sub-Committee is final.**

### FILING AN APPEAL

In order to file an appeal, **all** applicants must have an original FABC Scholarship Application, and all required documents in accordance with the Student Information Sheet on file. Upon review of the appeal and supporting documents, the Appeals Sub-Committee reserves the right to request additional documentation from the student.

**Appeal Deadline Date: August 30<sup>th</sup>**

Students may file appeals based on any of the five (5) specified circumstances listed below or may choose to specify a circumstance that is not listed. The definition/explanation for each circumstance is also indicated below.

Circumstances	Definition/Explanation of the Circumstances
Severe illness, medical condition or injury	An illness, injury or accident which may require surgery, hospitalization or temporary disability. Condition must be diagnosed by a Licensed Physician deeming the student incapacitated and unable to attend school (college courses) for a period of time.
Death of an immediate family member	Death of the student's parent, stepparent, custodian (guardian), spouse, dependent, sister, brother, stepsibling or grandparent.
Traumatic life-altering event	A documented circumstance occurring that causes psychological trauma to the student, causing severe stress which does not allow student to function effectively.
Grade Point Average (GPA) dropped below the FABC requirement for scholarship (the student must achieve the required GPA prior to applying for appeal)	The student has dropped below the required GPA, not making Satisfactory Academic Progress, and became ineligible for scholarship; however, has continued to attend school, bringing the GPA back to the required level. Eligible for re-evaluation.
Military Deployment/Call to Active Duty	The student in the U.S. Armed Forces or Reserves and is called to active duty status, or is performing emergency service with the National Guard, or enlists and enters on active duty as a member of the regular U.S. Armed Forces during a National Emergency declared by the President of the United States, or when the U.S. is engaged in armed conflict.
Other: Please specify	The student has exceptional circumstances, other than those listed above, which are beyond the student's immediate control, which causes the rejection of the student's original scholarship application or the necessity of full or partial withdrawal from enrollment.

***Policy – continued...***

**CONDITIONS THAT WILL NOT BE CONSIDERED EXCEPTIONAL CIRCUMSTANCES:**

1. Any unethical act/conduct that is not in accordance to the word of God.
2. A suspension or expulsion for misconduct.
3. Substance Use/Abuse.
4. Unaware of the deadline dates, application process or requirements.
5. Not attending Bible Study/Sunday School at FABC or not joining and attending a host church under watch care.
6. A first time application is submitted beyond June 15<sup>th</sup> of the student's graduation year.
7. In the event the student ceases enrollment and breaks continuous attendance without demonstrating extenuating circumstances.

**IF THE APPEAL IS APPROVED...**

1. The student is still required to adhere to the conditions/requirements of the original scholarship.
2. The scholarship award will be reinstated effective for the term following the appeals decision.
3. The scholarship award will continue through the end date of the original four (4)-year scholarship, provided you maintain eligibility requirements, and will not exceed that time.
4. The student must maintain attendance in Bible Study and/or Sunday School for the entire year of Scholarship eligibility.

# FABC SCHOLARSHIP APPEAL REQUEST FORM

Request for  EXCEPTION  REINSTATEMENT

**Appeal Deadline Date: August 30<sup>th</sup>**

Students may submit appeals to the Scholarship Committee for evaluation on the merit of extenuating circumstances. An appeal may be utilized only if your original scholarship application has been denied or your scholarship has been revoked due to failure to comply with continuing student requirements. All appeals must be submitted with original supporting documentation as outlined below in order to be considered. All documentation must be attached to the appeal at the time it is submitted. Please allow at least thirty (30) days for the evaluation and processing of the request.

<b>STUDENT INFORMATION</b> (Print or Type)	
Name:	E-mail Address:
Permanent Address (Check if New <input type="checkbox"/> )	Home Phone with Area Code:
Street	Cell Phone with Area Code:
City State Zip Code	
Current or Last College/University Attended:	College or University you will attend if reinstated:
Current or Last Semester Attended:	Semester/Term you plan on returning to college:
High School Graduation Date:	Original Scholarship Application Date:

Only two Appeals are allowed during your enrollment. Is this your 1<sup>st</sup> Appeal \_\_\_\_ or 2<sup>nd</sup> Appeal \_\_\_\_?

<input checked="" type="checkbox"/>	<b>CIRCUMSTANCES</b>	<b>REQUIRED DOCUMENTATION</b> (must include dates)
	Severe illness, medical condition or injury	Physician's letters or hospitalization records including time frame of illness and/or dates of doctor visits.
	Death of an immediate family member	Death certificate and/or obituary
	Traumatic life-altering event	Evidence of event. Documentation may vary depending on circumstance.
	Grade Point Average (GPA) dropped below the FABC requirement for scholarship	An updated Official Transcript verifying that you have now increased your GPA.
	Military Deployment/Call to Active Duty	Deployment records and/or letter from Commanding Officer showing date(s) of deployment/active duty.
	Other: Please specify	Must submit documentation supportive to circumstance.

In addition to providing this cover sheet, AND the above required original documentation, please submit a letter outlining the following items:

- Describe in detail the circumstances of your illness, injury, death of family member, military deployment, or other life-altering event, and how your performance was affected.
- Describe how the documentation you are attaching supports your appeal.
- Describe in detail what steps you have taken to resolve the circumstances.

*I understand the requirements and criteria for submitting my appeal and hereby request that my case be considered for possible reinstatement. I understand that the Appeals Committee may deny, approve, or approve with conditions. I also understand that the decision of the Appeals Committee is final.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# FABC SCHOLARSHIP EXCEPTION-APPEAL EVALUATION

Name:	E-mail Address:
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OFFICIAL USE ONLY. DO NOT MAKE ENTRIES IN THIS SECTION!	
Date Request Received:	H.S. Graduation Date:
College/University:	Dropped/Suspended: <input type="checkbox"/> Yes <input type="checkbox"/> No
Effective Period of Original Scholarship:	Last Semester/Term Paid:
Total Hours Pursued:	Total Hours Earned:
Cumulative GPA:	Semester Requested:
Additional action needed at time of appeal request:	
Comments:	
<input type="checkbox"/> Denied	<input type="checkbox"/> Approved
Notice sent to applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved with Conditions
Date applicant was notified:	Reinstatement Approved for Semester/Term & Year:
Date Scholarship Committee was notified:	Check Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No

### APPEALS SUB-COMMITTEE SIGNATURES


\_\_\_\_\_

SIGNATURE (*Approval Authority*)

\_\_\_\_\_

DATE