

2022 Applicant Appeal Form

The Buchanan Promise understands that you may have extenuating circumstances that make you ineligible for the Buchanan Promise Scholarship. If you feel you should be granted eligibility to receive the scholarship due to circumstances outside of your control, please fill out the entirety of this form, attach all necessary documents, and send to info@buchananpromise.com or mail to the Buchanan Promise at the address below. NOTE *This form is also used to apply for funding to a non-accredited/non-traditional educational institution.

To assist the appeals committee in consideration of your appeal, please provide as much detail as possible. After the Buchanan Promise appeals committee has met to review your appeal, the Buchanan Promise Program Coordinator will communicate the result to you. The process from date of submittal should take approximately 30 days.

In order to be eligible for the Buchanan Promise Scholarship, a student must:

- 1. Be a Buchanan resident (i.e. have a home address within the Buchanan Community School (BCS) District).
- 2. Graduate from Buchanan Community Schools (Class of 2017 or after).
- 3. Have <u>attended</u> and <u>lived</u> in Buchanan Community School District <u>continuously</u> since at least the 9th grade.

| criteria (check all that apply): | was not living in BCS District continuo | usly - School of Choice is not appealable). |
|--|--|---|
| • | (I was not enrolled in the BCS District continuot | • |
| · · · · · · · · · · · · · · · · · · · | edited / non-traditional educational insti | |
| Other: Please briefly exp | olain: | |
| | | |
| <u> </u> | | extenuating circumstance that results in |
| · - | <u> </u> | n why you are attending a non-traditional at serves as proof of your circumstance (i.e. |
| | • | ional programming, etc.). You should also |
| · · · · · · · · · · · · · · · · · · · | , , , <u> </u> | (i.e. future career goals, educational plan). |
| • | •• | , , , , , , , , , , , , , , , , , , , |
| | ormation below and sign your name. If | you are under 18 years of age, your |
| parent/guardian must sign this fo | orm as well. | |
| Student Name: | Phone Number: | Email: |
| Street Address: | City, State, Zip Code | e: |
| | | |
| I certify that all of the provided inf | ^f ormation is true. I understand that all d | of the information I submit with the Applicant |
| • • | the Buchanan Promise's Executive Boa | rd in order to determine if my appeal will be |
| granted or not. | | |
| Student Signature | Da | ate |
| Parent/Guardian Signature | | ate |

STEP 4: Email or mail this appeal form and all supporting documents to:

Email: info@buchananpromise.com

Mail: Buchanan Promise 111 Days Avenue Buchanan, MI 49107