

HOPE SCHOLARSHIP PROGRAM

PROVIDER APPEAL FORM

An affected provider may appeal a final decision of the Hope Scholarship Board within forty-five (45) days following the Board's decision. The Board will appoint a three-member appeals subcommittee who will consider the appeal and determine the outcome within thirty (30) days of when the appeal was filed.

Requester Legal Name _____
Address _____
City, State, Zip _____
Phone _____
Email _____
Legal Business Name _____
Business Address _____
City, State, Zip _____
Business Phone _____
Business Email _____
Board's Decision Date _____

Description of Reason for Appeal

Please attach any documents or additional information that would support your appeal.

Appeal hearing requested* Yes No

This option is **only available if you are appealing a final Board action terminating your approved provider status or disqualifying you or your business entity from program participation based on a finding of misconduct.*

Signature _____ Date _____

Please return completed appeal form to hopescholarshipwv@wvsto.com.