

# HOPE SCHOLARSHIP PROGRAM

## APPEAL FORM

*An affected individual 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.*

Student Name \_\_\_\_\_

WVEIS ID# \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Board 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 you or your student's program participation or disqualifying you or your student from program participation based on a finding of misconduct.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed appeal form to [hopescholarshipwv@wvsto.com](mailto:hopescholarshipwv@wvsto.com).