

# HOPE SCHOLARSHIP REIMBURSEMENT APPEAL FORM

*An affected individual may appeal a final decision of the Hope Scholarship Board within forty-five (45) days following the ineligibility date. The Board will appoint a three-member appeals subcommittee who will consider the appeal and determine the outcome within forty-five (45) days of when the appeal was filed. **Reimbursements will NOT be approved for any qualifying expenses that were purchased prior to a student's scholarship account being funded.** All reimbursement requests must follow the guidance in the Hope Scholarship Parent Handbook under sections Purchases and Reimbursements.*

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

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

Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Reimbursement \_\_\_\_\_

Date Denied \_\_\_\_\_

Phone \_\_\_\_\_

Description of Reason for Appeal:

***\*\*Please attach documents, such as invoice/s and proof of payment that will support your appeal. \*\****

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

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