

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 ID _____

Denied Date _____

Amount _____

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.