



**STEPHEN F. AUSTIN  
STATE UNIVERSITY**  
THE UNIVERSITY OF TEXAS SYSTEM  
NACOGDOCHES, TEXAS

Office of Financial Aid and Scholarships  
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## TEXAS Grant Hardship Appeal Form

Student's Name \_\_\_\_\_ Student ID \_\_\_\_\_

In the event of a hardship or for other good cause, a student may be allowed to receive a TEXAS Grant award while ineligible based on renewal qualifications, see our policy at: <https://www.sfasu.edu/admissions-and-aid/financial-aid/resources-forms>.

**If you would like to appeal in an effort to secure a TEXAS Grant disbursement, please complete and submit this TEXAS Grant Appeal form to the Financial Aid Office. Attach any documentation you feel is pertinent.**

The appeal process does not guarantee the awarding of the TEXAS Grant for the year. The program coordinator will review all statements of appeal, supporting documentation, and academic records. All decisions are final and re-appeals will not be accepted. An appeal may be made for only the following circumstances (19 TAC, Section 22.230):

If the student is enrolled in less than 9 SCHs (but at least 6 SCHs)

If the student's GPA falls below SAP requirements

If the student's completion rate falls below SAP requirements

If the student's number of completed hours falls below SAP requirements

If the student requires an extension of the year limits to complete their degree

If the student receives a grant after attempting more than 150 hours

However, the total number of hours paid for, at least in part, with TEXAS Grant funds may not exceed 150 semester credit hours or the equivalent.

Please select the situation(s) that are most applicable to your personal experience, over the last academic year.

Select all that apply:

You were personally incapacitated, ill, hospitalized or had other personal health/mental health concerns.

You were responsible for the care of a sick or injured family member.

You are enrolling below  $\frac{3}{4}$  time to complete your degree.

Please Explain your situation below, or attach a typed letter:

By signing below, you certify the accuracy of the information provided on this form and the documentation provided.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only:      Approved      Denied

Financial Aid Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Last updated March 2025