



# Excelsior Scholarship Appeal Form

Appeal form for continuing Excelsior Scholarship recipients that experienced an ineligible determination based upon extenuating circumstances.

**2025-2026**

If you need assistance completing this form please contact the Financial Aid Office at (585) 345-6900 or [financialaid@genesee.edu](mailto:financialaid@genesee.edu)

**Student Name:** \_\_\_\_\_

**ID/SSN:** \_\_\_\_\_

If you were recently notified that, since first enrolling in college, you (a) failed to complete an average of at least 30 combined credits per year applicable to your degree program, (b) failed to have sufficient credits accepted at SUNY Genesee Community College, or (c) failed to be continuously enrolled, you may still be eligible for an Excelsior Scholarship.

Interruptions in Study: By law, applicants who completed fewer credits than required and/or had a break in attendance due to (a) the death or illness of a family member, (b) documented medical leave, (c) active military service, (d) parental leave, or (e) a disability as defined by the Americans with Disabilities Act of 1990, as amended, may still be determined eligible for an Excelsior Scholarship award.

*Appeals may be granted on the reasons listed below. Please check the reason(s) below that apply to your situation. **Attach documentation verifying your situation. Appeals without documentation will be denied.** The eligibility determination made upon reviewing your documentation shall be based on the rules governing the Excelsior Scholarship and shall be the final determination.*

- ADA Disability (need documentation by health care provider)
- Medical (Non-ADA) (need documentation by health care provider)
- Mental Health (need documentation by health care provider)
- Care for Newborn (must be within one year of birth, please provide birth certificate)
- Adoption/Placement of Foster Child (must be within year of placement, please provide Letter of Placement)
- Medical – Care of Family Member (letter from health care provider of family member containing dates, diagnosis and relationship)
- Bereavement – Death of Immediate Family (death certificate and relationship)
- Military (Department of Defense Orders)
- Divorce – Self of Parents (Divorcee Decree)
- Unemployment – Parent or Spouse (Unemployment Eligibility Letter or 1099-G Form)
- Volunteer Program (i.e. Peace Corps and AmeriCorps, Certification of Service)
- Other extraordinary circumstance

*In the space provided, write a detailed explanation of the circumstances resulting in your interruption in studies which prevented you from meeting the eligibility requirements. Attach a separate sheet if you need more space.*

**Please note that circumstances other than those indicated above do not meet criteria as defined by the State Education Law to enable you to retain your award.**

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*Medical Information: If you have indicated that you have/had a medical diagnosis that required you to leave school or attend less than full time, your licensed physician/health care provider must provide the following information on their letterhead.*

The above patient is an applicant for a NYS scholarship administered by the Higher Education Services Corporation (HESC). In order to make an eligibility determination, please provide the following information:

1. Was it your medical recommendation that the student stopped and/or reduced their college coursework based on his/her medical condition?
2. Please indicate the extent to which the student's medical condition impacted his/her college attendance, whether it resulted in a reduction in credit load or break in enrollment.
3. If applicable, did the student's medical condition necessitate a change in his/her program of study?
4. Did the student change the college he/she attended due to the medical condition?
5. Briefly explain how/why this student's medical condition impacted his/her college attendance and if this student has any restrictions upon returning to his/her college studies.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_