



Nevada Promise Scholarship

Appeal of Decision Regarding Compliance with Application Requirements

The Promise Office at CSN carefully reviews the Promise Scholarship applications for compliance with statutory requirements. CSN cannot waive or change the statutory requirements set by the Nevada Legislature (SB391).

If you believe you have complied with the statutory requirements but your application was denied, you may use this form to document why you believe CSN's decision is incorrect. The CSN Promise Office will review your Appeal, all supporting documentation, and respond to you with its final decision. Please use this form for such compliance items as:

- Validation of online trainings
- Validation of attendance to a mandatory mentoring session
- Submission and/or approval of community service hours
- Technical issues experienced while applying

Please submit this completed form and valid backup documentation to promise@csn.edu.

Student Information

Student Name:

Today's date:

NSHE ID#

Promise ID# (if available):

Email Address:

PLEASE BE AWARE OF THIS DEADLINE: *This form must be submitted within 10 calendar days from receiving the form via email. The 10 days are not subject to an extension.*

The decision of the Promise Office is final. If the decision is favorable to the applicant-student, the student is still responsible to complete the eligibility steps as mandated by the law that created the Promise Scholarship (SB391).

Please type or print below. Illegible and difficult to read writing may cause automatic denial. Please be as specific as possible.

I am requesting this appeal for the following reasons:

Certification and statement of understanding:

I, _____, certify that the information contained within this Appeal, including all attachments and enclosures, is accurate and truthful. I understand this information may be shared with members of the CSN Promise Office, and as part of my permanent student file, may be reviewed by federal employees, their agents, or others contracted by CSN to evaluate the administration of the Promise Program at CSN.

Student Signature: _____ Date: _____

Check here if submitting documents

Internal Use Only:

Received By: _____ Date: _____

Approved: _____ Denied: _____

Page _____ of _____