



Hathaway Scholarship Program Request for Appeal Review

Under certain circumstances an applicant/student may request the Wyoming Department of Education review the decision of an eligible institution to deny initial or continuing eligibility for the Hathaway Scholarship. Those instances are dictated by Wyoming Statutes and are contained in Chapter 38 of the Wyoming Department of Education's Rules and Regulations.

1. An applicant/student may request the Department review the following decisions made by eligible institutions to deny initial scholarship eligibility based on:
 - a. Incomplete or inaccurate information; or
 - b. Failure to qualify under any provision of W.S. § 21-16-1303(b)(i) through (iii) and (c) through (e), W.S. § 21-16-1307(a)(i) and W.S. § 21-16-1308(b)(iii), (iv) and (v), including failure to grant an exception where the authority to grant an exception is specifically provided for in the law.
2. A student may also request the Department review the following decisions made by eligible institutions concerning continuing eligibility for:
 - a. Failure to grant an exception for good cause to continue scholarship eligibility where the student has not maintained satisfactory academic progress;
 - b. Failure to extend scholarship eligibility timeframes based on military service, religious service, or other good cause; or
 - c. Decisions made with incomplete or inaccurate information.

All reviews and determinations shall be in accordance with W.S. §§ 21-16-1301 through 21-16-1310 (Hathaway Scholarship Program) and Chapter 38 of the Wyoming Department of Education's Rules and Regulations. In addition, please note that exceptions cannot be granted to the statutory or regulatory requirements unless specifically provided for by law.

Sections 1 and 2 of this form shall be completed in total, along with any and all accompanying and supporting documentation, and submitted by the eligible institution to:

Wyoming Department of Education
Attn: Jennifer Lahiff
122 W. 25th Street, STE 200
Cheyenne, WY 82002

The following section shall be completed by the affected student:

Applicant/Student Name (please print or type)

College Semester/Term

Full Address

Phone Number

Email

Current Scholarship Level:

- _____ Provisional Opportunity
- _____ Opportunity
- _____ Performance/Honors

Reason for Review:

- _____ Initial Eligibility
- _____ Continued Eligibility

Please state the reason for your request for review and the specific exception you are requesting. Additional pages may be added if necessary. Documentation that supports your request **MUST** be attached.

Certification: I understand that an exception to statutory and regulatory requirements can not be granted unless permissible by the statute. Furthermore, I understand that I should make educational/financial plans based on the original eligibility determination by the institution. In addition, I authorize the eligible institution to release any and all information pertaining to my request for review to the Wyoming Department of Education. I understand that the eligible institution will be provided with the results of the review. I certify that the information submitted is true and correct to the best of my knowledge.

Signature of Applicant/Student

Date

The following section shall be completed by the eligible institution:

Name of Institution

Name of Applicant/Student

Please state the reason(s) for the denial of the initial or continuing eligibility of the applicant/student or when applicable, the reason(s) for the denial for a request for an exception for good cause. Please include any supporting documentation used by the institution in making the determination or that otherwise supports the decision.

Signature of Certifying Official for Institution

Date

Signature of School Counselor or Designee

Phone/Email