



Central New Mexico Community College

# Financial Aid and Scholarship Services

Student Services Center

525 Buena Vista SE

Albuquerque, NM 87106

505-224-3040, fax: 505-224-3124

[www.cnm.edu](http://www.cnm.edu)

## The Legislative Lottery Scholarship Request for Probationary Status

The Request for Probationary Status is for students who have been unable to meet Legislative Lottery Scholarship requirements due to exceptional mitigating circumstance beyond the student's control. Requests are reviewed by CNM Financial Aid and Scholarship Services. Approval may be granted to qualified students under certain highly restrictive circumstance.

### To be completed by student

Student ID: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Last* *First* *MI*  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

High School Diploma /GED Date: \_\_\_\_\_ Dates you were unable to attend \_\_\_\_\_ to \_\_\_\_\_

Term returning to school:  Fall 20\_\_  Spring 20\_\_

Indicate if you are unable to attend:

- Qualifying Term - first term after receipt of a New Mexico high school diploma
- Subsequent term - you completed your Qualify Term successfully but are now unable to attend

Indicate the reason you were unable to attend:

- Documented exceptional mitigating circumstances - Provide a personal statement detailing the circumstances and/or medical condition that prevented you from meeting requirements for the Lottery scholarship. Medical leave requests must include a doctor's signed medical report stating why you were unable to attend class and any additional supporting documentation. Other traumatic life experience must be explained and appropriately documented.
- Active-Duty Military Service – Provide a copy of your DD214 indicating your entry date of your active-duty service and the date of your separation. Entry date of military service must be within 120 days of graduation of high school and date of CNM enrollment must be within 1 year of separation from active duty.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by Financial Aid and Scholarship Services

High School Graduation Date: \_\_\_\_\_ Term(s) Absent: \_\_\_\_\_

Documentation Provided: \_\_\_\_\_

Approved: QT 20\_\_\_\_ 1st 20\_\_\_\_ 2nd 20\_\_\_\_ 3rd 20\_\_\_\_

Denied and reason: \_\_\_\_\_

FASS Signature \_\_\_\_\_ Date \_\_\_\_\_

01/2015

**Submit this request with attached documentation to Financial Aid & Scholarship Services, SCC Main Campus**