# Little Traverse Bay Bands of Odawa Indians
# Michelle Chingwa Education Assistance Appeal Form

Last Name | First Name | M.I. | Tribal ID #

Current Street Address | Current City | Current State | Current Zip Code

Current E-mail Address (**REQUIRED**) | Current Telephone Number

According to the Michelle Chingwa Education Assistance Act, you may appeal decisions made by the Education Department regarding your G.P.A. status and/or scholarship adjustments. Appeals must be submitted within **15 days** of receiving notification by filing this appeal form with the Education Appeals Board for review. **All** decisions by the Education Appeals Board are final.

This form must be attached to all documentation submitted with your appeal. Please send all documentation to:
**LTBB Education Appeals Board c/o Tribal Chairman's Office 7500 Odawa Circle, Harbor Springs, MI. 49740**

The Education Appeals Board will schedule a hearing within ten (10) business days of receiving your appeal. If you wish to present your appeal case in person you will be notified the date and time of the hearing.

☐ **I will be attending my appeal hearing** ☐ **I waive my right to attend my appeal hearing**

PLEASE NOTE: You **must** check one of the above boxes or your appeal form will not be considered fully complete and will be returned to you to complete. Also, if you check the box to waive your right to attend your appeal hearing you understand that you're hearing may be held through a phone poll.

Circle the decision you are appealing: G.P.A. Status Scholarship Adjustment

Please state the reasons you are appealing and be as specific as possible. Use additional paper if necessary.
**PLEASE SUBMIT ANY DOCUMENTATION THAT YOU FEEL WILL SUPPORT YOUR APPEAL.**

I declare that the information given by me on this form and in supporting documentation is true, correct and complete, to the best of my knowledge.

Signature of Student | Date

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