

**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. eligibility 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 **via email** of the date and time of the hearing.** **If you cannot access email or wish to be contacted by phone, please notify the Tribal Chairman's office: (231) 242-1401**

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 / DEADLINE

With your signature below, you affirm the following steps have been fulfilled to complete your Michelle Chingwa Education Assistance Appeal.

- ▶ 1.) I have attached a detailed explanation of the reason(s) I am appealing and included any supporting documentation that I would like considered.
- ▶ 2.) I have provided an email address which is where all correspondence will take place from the Education Appeals Board. ****If an email address is not provided, your application will be returned as "Incomplete" and not reviewed**
- ▶ 3.) I understand that the Department is contacted by the Education Appeals Board for general information from my MCEA file for purposes of an informed decision. If I do not want specific information shared from my file, I must contact the Education Department before I officially file my appeal with the Education Appeals Board.

I understand all information on this form, and I declare that the attached documentation I have included is true, correct, and complete to the best of my knowledge.

Signature of Student _____

Date _____