



**TN Educational Lottery Scholarship (TELS) Program
Regain Option Request Form**

Office of Financial Aid
1665 Hampshire Pike, Columbia, TN 38401
phone: (931) 540-8267 | fax: (931) 540-2793 | email: financialaid@columbiastate.edu

Name: _____ Columbia State ID: A _____

Columbia State Email: _____ Phone: (____) _____

TSAC's TELS Rules (164-01-19-.12 (6)) states, "If a student ceases to be eligible for any TELS award, except the General Assembly Merit Scholarship, due to failure to achieve the cumulative grade point average required at the end of the semester in which the student has attempted twenty-four (24), forty-eight (48), seventy-two (72), ninety-six (96), or any subsequent multiple of twenty-four (24) semester hours...the student may regain the applicable award by continuing to meet all applicable non-academic requirements and attaining grade point average requirements at the end of any semester in which eligibility would have been reviewed, had the student not lost the award."

Please check one in each of the following statements and include your current GPA:

- I lost the Hope Scholarship at the __ 24 __ 48 __ 72 __ 96-hour benchmark because I did not earn the required GPA.
- I have reached the ____ 48 ____ 72 ____ 96-hour benchmark and have a cumulative TELS GPA of _____.
(must be at least 2.75 if at the 48-hour benchmark and 3.0 if at the 72-hour benchmark or 96-hour benchmark)

Please initial to indicate your understanding of the following statements:

_____ I understand that I am exercising my **One-Time ONLY** Regain Option to regain eligibility for the TN Education Lottery Scholarship (TELS). I have not previously exercised this option at Columbia State or another school.

_____ I understand, I will not be able to regain the TELS, if I fail to meet GPA requirements at future attempted hour benchmarks.

_____ I understand that I may regain only the Hope Scholarship and/or Aspire Scholarship (whichever is applicable). I may not regain the Merit Scholarship even if I was originally eligible for the award.

_____ I understand that to maintain eligibility for the Hope Scholarship, I must maintain continuous enrollment (every fall and spring semester) at an eligible postsecondary institution, even if not receiving the applicable award.

_____ I understand that to maintain eligibility for the Hope Scholarship, I must maintain my enrollment status for each semester; I may not drop from full-time status to part-time, or from part-time status to below half-time, or stop attending classes.

_____ I understand that I will not be able to make changes to or withdraw my request after I submit it.

Student Signature: _____ **Date:** _____

NOTE: Form must be submitted within two weeks after grades are posted, to be evaluated for the subsequent semester.

For Financial Aid Office Use ONLY:

Benchmark Lost: _____ GPA: _____	Eligible to Regain: YES NO
Benchmark Regain: _____	Staff Initials: _____ Date: _____
Current Attempted Hours: _____ GPA: _____	Updated: ___ Banner ___ eGrads ___ Student Notified