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: ___________________________ 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 ______________________

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