

REQUEST FOR APPEAL -ELIGIBILITY

The purpose of this form is to document the reason(s) for appeal of an Applicant’s eligibility determination. A completed, signed Request for Appeal Form must be submitted within three (3) business days of eligibility determination as detailed within the Notice of Ineligibility or Notice of Unresponsiveness.

Please provide a statement regarding the basis for your appeal. Upload the signed Request for Appeal form and all supporting documentation to the Applicant Portal. The upload of this form and the supporting documentation will be considered a complete appeal request.

School Information

School Name:

Site Code:

School Location

Street Address:

City:

State:
Louisiana

Zip Code:

Request for Appeal

I hereby request appeal of the eligibility determination for the Louisiana Department of Education ARP EANS Program.

School Authority (Print Name):

Role:

Signature:

Date:

Please provide an Applicant Statement that identifies the reason(s) for this appeal request. Space is provided on Page 2 of this form.

The Request to Appeal Form is not considered complete without an Applicant Statement.

Applicant Statement
