

## Application for Financial Aid Reinstatement

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Address \_\_\_\_\_  
(street address) (city) state (zip)

Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Program or major at the time of academic suspension \_\_\_\_\_

Are you seeking reinstatement to the above program? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If not what is your intended program? \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ Credits earned (passed) \_\_\_\_\_ Credits attempted \_\_\_\_\_

In addition to this form, please provide the following:

- 1) Copy of transcripts from your MyHC account.
- 2) Copy of loan debt from <https://studentaid.gov/h/apply-for-aid/fafsa> (first page only).
- 3) A typed letter that includes the following information along with supporting documentation.
  - a) **Academic Situation:** This serves as your opportunity to reflect on your current academic circumstances. It is meant to assist you in determining how you will learn from your past experiences in achieving academic success. This should be taken seriously, as you will benefit greatly from examining your current situation, how you arrived, and how you can take steps to become successful in the remaining time that you are a student at Helena College.
    - This must be at least one page in length, addressing the following:
      - 1) Describe the factors that lead to your academic situation. Please address each term you were unsuccessful.
  - b) **Goals:** What are your goals for the semester? (Or what do you plan to do to get off probation?) Include measurable objectives and methods. It is not enough to write, "I will study more." (ex. When will you study? How will you study? Where will you study?)
  - c) **Accountability Measures/Consequences:** While we are here to help you, *you will be held accountable for your own academic progress and success.*
    - 2) What will you do to ensure the successful completion of your degree? (ex. What resources or services will you seek out? X hours spent in ALCC with tutor or completing work. Meet with advisor X times during the term.)

Signature \_\_\_\_\_

Date \_\_\_\_\_

FOR QUESTIONS CALL: Valerie Curtin, Executive Director of  
Compliance & Financial Aid 406-447-6913,  
Valerie.Curtin@HelenaCollege.edu

Return form to the Financial Aid Office at 1115 N. Roberts, Helena, MT 59601. Fax to 406-447-6397.



**Step 2:** Certification of advisor

The courses detailed in Step 1 are the minimum needed to complete the degree being sought.

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Advisor	Date	Printed Name	Dept.	Phone #
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**Step 3:** Student Certification

I have read the special notifications within this document and understand that failure to follow them may put aid eligibility at risk in both the current and future semesters.

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Student Signature	Date
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