# Eligibility Appeal Form

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| --- | --- |
| **School Name:** | Click or tap here to enter text. |
| **Date of Response:** | Click or tap here to enter text. |
| **Type of Grant Requested:** | Choose an item. |

Please refer to the Eligibility Notice you received from the NHEd to complete this form.

We have reviewed the Eligibility Notice and provided the following response to address the items noted within.

Click or tap here to enter text.

Check here if attachments are included:

We have decided to withdraw our intent to submit at this time.

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Applicant Signature Date