



SCHOLARSHIP APPEAL FORM

Student Name Student ID # - 0

E-Mail Address: Phone:
The determination of your appeal will be emailed to this address.

Class Level (circle one): FR SO JR SR PB GR Semester/Year reinstatement applies: /

Name of the scholarship(s) you are appealing for reinstatement?

This appeal is for the following reason(s):

- I am below the required number of credits
I am below the required grade point average
Expiration of scholarship
Other

If you have extenuating or unexpected circumstances which prevented you from achieving the required grade point average or credit hours earned, you may appeal the loss of your scholarship. Examples of extenuating or unexpected circumstances are:

- Documentable serious illness, injury, and/or recovery that prevented you from attending class.
Documentable death or serious illness of an immediate family member.
Documentable significant trauma that impaired your emotional and/or physical health.

On a separate sheet of paper, thoroughly explain your reasons for not meeting the requirements to retain your scholarship(s). Attach that explanation along with the documentation to support your appeal to this form and submit to the Financial Aid Office by mail or fax.

Student Certification

I am appealing the loss of the scholarship(s) listed above. I certify that my appeal includes both of the following requirements. (Please initial.)

A personal statement explaining why I was unable to meet the requirements to retain the Scholarship(s) and why I believe I can meet the requirements in the future.

Documentation from third parties (i.e. medical records, legal documents, death certificate) which supports my appeal. (This documentation cannot be from a family member or friend.)

Student Signature Date

Incomplete appeals will be denied.

For office use only: