SCHOLARSHIP APPEALS COMMITTEE/
FINANCIAL AID
1000 IOWA STREET, BEEBE, AR 72012

SCHOLARSHIP APPEAL

Student Name (please print) _____

Student ID Number _____

Phone Number (including area code) _____

Semester for which aid reinstatement is requested _____

Please complete this form to appeal the loss of your scholarship and provide documentation of your special or extenuating circumstances, which may include physician statements or statements of diagnosis, death certificate, obituary notices, email from your professor or tutor, tutoring center documentation of assistance sought, etc.

Note: A copy of your Academic History is not considered documentation. (Mitigating circumstance do not include college adjustment, problems with roommates, difficult course load, misunderstanding of scholarship requirements, etc.)

Please check the appropriate boxes below:

Scholarship	☐ Chancellor's Scholarship ☐ Academic Achievement Scholarship ☐ Academic Opportunity Scholarship	☐ Regional Career Center Scholarship ☐ Workforce Opportunity Scholarship ☐ Leadership Scholarship ☐ _____ Scholarship	
Reason for Non-Renewal of Scholarship	☐ Below Required GPA	☐ Below Required Credit Hours	☐ Withdrawal from Classes
Reason for Appeal	☐ Personal Illness	☐ Family Illness/Death	☐ Other _____

Include all of the following with your appeal:

☐ Scholarship Appeal Form

☐ Typed explanation letter of your extenuating circumstances preventing you from meeting the minimum GPA or credit hour requirement. Please also include what actions you have taken to correct the situation.

☐ Supporting documentation as described above (i.e. physician's statement, tutor logs, etc.)

Certification and Signature

SIGNATURE REQUIRED: I certify that the information I have provided on this form and on all documents is true and complete to the best of my knowledge. I certify that the Office of Scholarships and Financial Aid will be notified if circumstances change.

Student Signature _____

Date _____