



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	<input type="checkbox"/> Chancellor's Scholarship <input type="checkbox"/> Academic Achievement Scholarship <input type="checkbox"/> Academic Opportunity Scholarship	<input type="checkbox"/> Regional Career Center Scholarship <input type="checkbox"/> Workforce Opportunity Scholarship <input type="checkbox"/> Leadership Scholarship <input type="checkbox"/> _____ Scholarship	
Reason for Non-Renewal of Scholarship	<input type="checkbox"/> Below Required GPA	<input type="checkbox"/> Below Required Credit Hours	<input type="checkbox"/> Withdrawal from Classes
Reason for Appeal	<input type="checkbox"/> Personal Illness	<input type="checkbox"/> Family Illness/Death	<input type="checkbox"/> 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