



## Request for Institutional Scholarship Appeal

Student Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Submit your request to the Financial Aid Office, address at the bottom of this form.

Reason for Appeal (Explain in detail and provide supporting documentation. Attach additional pages if necessary). It is the responsibility of the student to provide all information and documentation needed for the committee to take into consideration:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Scholarship Committee meets periodically to review submitted appeal requests. Students will be notified of the decision within 3 days of the committee meeting via student campus email. All decisions are final. No further appeal. Communication will be through the Financial Aid Office on behalf of the Scholarship Committee.

Office Use Only:

Action Taken by Committee Date \_\_\_\_\_

Approved

Disapproved

Conditions if any: \_\_\_\_\_

Student notified of decision-Date: \_\_\_\_\_