

Office of Financial Aid
2024-2025

Institutional Aid Appeal Form

Student Name: _____

SSN (last four digits): _____ Phone Number: _____

Anticipated Graduation Date: _____

Please note that an appeal does not guarantee the reinstatement of your aid. Also note that incomplete appeals will not be reviewed.

Section A: Disqualification Reason

I am submitting this appeal form for the following reason(s):

- I have exceeded the maximum number of semesters allowed for my scholarship.
- I have failed to complete a minimum of _____ credits per semester.
- I have failed to maintain a _____ cumulative GPA as required for my scholarship.

Section B: Acceptable/Applicable Reason

Please check the applicable reason below and submit the requested supporting documentation.

- Medical illness (myself or within my family) or injury:**
Submit a letter from the treating physician, or a hospital bill/report stating the nature of your illness/accident.
- Death of an immediate family member**
Submit a copy of the death certificate, obituary, or funeral notice.
- Personal Tragedy/Event**
Submit a signed statement on letterhead from counselor/minister/police.
- Other significant event/situation**
Attach any applicable document.

Section C: Required Essay

An essay is required in order for the financial aid appeal form to be considered complete. Please attach an essay explaining each of the following:

1. Explain why you were unable to meet the requirements of your academic scholarship.
2. Explain how your circumstance(s) have changed that makes you feel you can return to meeting the requirements of your academic scholarship and complete your educational goals.
3. Explain specifically your plan of action to improve your academic performance and complete your educational goals.

Section D: Certification:

By signing below, I certify that the information provided on this form and its attachments are accurate and complete to the best of my knowledge. I understand that I am not eligible for my academic scholarship unless I receive written approval of this request and that ALL appeal decisions are FINAL.

Student Signature: _____

Date: _____