



**/ SCHOLARSHIP APPEAL**

**STUDENT INFORMATION**

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

Please check ALL boxes that apply below:

- I am below the Southeast Cumulative GPA requirement.
- I am below the Southeast academic year hours requirement.

**REASON FOR APPEAL**

*Please provide a detailed letter explaining your circumstances. Additional documentation (listed below) is required, based on the reason for your appeal.*

<input type="checkbox"/>	Medical	▪ Doctor's notes, discharge papers, etc.
<input type="checkbox"/>	Death of Family Member	▪ Death certificate, obituary, program from funeral
<input type="checkbox"/>	Other	▪ Documentation that supports the specific circumstance

**ELIGIBLE AWARDS**

Please check ALL awards that apply below:

- Governor's Scholarship
- Regent's Scholarship
- President's Scholarship
- University Scholarship
- Copper Dome Scholarship
- Midwest Achievement Award
- Redhawks Achievement Award
- Community College Scholarship
- Outstanding Community College Scholarship
- Transfer Scholarship
- Residence Life Leadership Award
- Other

**ACKNOWLEDGEMENT**

Incomplete or missing documents will delay the appeal process. Any changes to financial aid awards will be contingent on the types of funds available, eligibility policies, and regulations. After initial review, additional documentation may be required. Students waiting for an appeal decision should be fully prepared to assume responsibility for all course enrollment and account balance payment, regardless of the appeal decision. By signing this appeal form, I understand the above information reported is complete and correct.

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

<b>OFFICE USE ONLY</b>		<b>Current</b>	<b>Renewal</b>
	GPA:		
	HRS:		