



SCHOLARSHIP APPEAL FORM

Student Name _____ UV ID _____

Address _____ Phone _____
Street City State Zip

Every effort has been made to handle your application according to the rules, deadlines, requirements for equity, and availability of funds. If you wish to appeal the decision regarding your scholarship award, you must complete this form. Be specific and detailed. You must attach documentation when necessary to support you appeal (e.g. statements for physician, transcript of grades, or other related information to appeal).

I. What is your appeal?

II. My reasons for making this appeal are (use additional pages if needed):

III. Academic Advisor Certification

I certify that I have reviewed this appeal form and support this request.

Academic Advisor Signature

Date

IV. Student Certification

I certify that all statements in this appeal and all verification documents are true and accurate. I understand that I must provide and I agree to provide verification of statements I have made. I agree to the terms of the appeal process, and understand that if documentation is not attached or sufficient, or this appeal is not signed, it will be denied.

Student Signature

Date

Comments:

For Office Use Only

Required GPA _____ Required Credit Hours _____

Denied _____ Approved _____

SHATERM Cumulative GPA _____ Overall Earned Hours _____

Initials _____ Date _____

Previous Appeal(s) _____

RHACOMM _____