

Scholarship and Financial Aid Appeal Form

Student Name: _____ Jag Number: _____

Name of scholarship or aid that is subject of appeal: _____

Date of scholarship or aid termination: _____

(This appeal form and supporting documentation must be submitted to the Office of Scholarship Services within 10 days of the appealing student's ("Student's") receipt of written notification of scholarship or aid termination.)

The Scholarship and Financial Aid Appeals Committee ("Committee") reviews documented evidence of extenuating circumstance that may have impacted the Student's academic performance or ability to satisfy the conditions set forth in his/her scholarship or aid agreement ("Agreement"). Extenuating circumstances are considered to be past events that no longer pose barriers to academic progress.

Examples of extenuating circumstances to be considered for appeal include:

- Serious illness or injury to the Student or immediate family member (parent, spouse, sibling, child) that required extended recovery time or in the case of the family member required extensive help from or other hardship on the student
- Death of an immediate family member
- Significant trauma in student's life that impaired the Student's ability to meet the conditions of the Agreement
- Other unexpected, documentable circumstances beyond the control of the Student

Note: Circumstances related to the typical adjustment to college life such as working while attending school, financial issues related to paying bills or car maintenance/travel to campus are not considered as extenuating for purposes of appealing termination of scholarship/aid. The appeal must also support how the student is now in a position to be academically successful.

The appeal must include the following:

- **Student's Personal Statement** indicating what caused the loss of the scholarship/aid AND what has changed that will allow the Student to meet the standards after the next semester. (Note: No information regarding specific illnesses or medical conditions should be submitted except for information related to how it/they contributed to the Student's inability to satisfy the requirements of the scholarship/aid.)
- **Supporting Documentation** to include any information, such as transcripts, evaluations, or letters from professionals, the student feels is important to this appeal. (Note: No information regarding specific illnesses or medical conditions should be submitted except for information related to how it/they contributed to the Student's inability to satisfy the requirements of the scholarship/aid.)
- A letter from the Student's department or advisor indicating the progress he/she is making towards earning a degree, the number of credit hours and specific courses needed to complete the degree, and expected graduation date.

I certify the information provided is true.

I have read the Student Appeal of Termination Scholarship or Financial Aid guidelines, and I understand the Scholarship and Financial Aid Appeals Committee is the final authority in the appeals process.

Student Signature: _____ Date: _____

Office of Scholarship Services University of South Alabama 390 Alumni Circle
Meisler Hall Suite 1225 Mobile, AL 36688
Ph: (251) 461-1958
scholarships@southalabama.edu

Please attach your statement, a letter from your advisor (or major professor), and any supporting documentation to this form.

Please note: misrepresenting or furnishing false information to the University is a direct violation of the Student Code of Conduct.