



## Scholarship Appeal

Legal Name: \_\_\_\_\_ Badger ID#: \_\_\_\_\_

Permanent address: \_\_\_\_\_  
Street/ PO Box City State Zip

Permanent Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Appeal regarding the following scholarship(s):

Name of scholarship	Semester/Year issued	GPA Req'd	Credits Req'd
_____	_____	_____	_____
_____	_____	_____	_____

Circle the reason for appeal request:

Credits Earned       GPA Earned

More than 95 completed credits

- If you are appealing because of medical reasons, you will need to complete the Medical Appeal form available online. You will also need to be in contact with the ADA Coordinator or show documentation to support the appeal.

The petitioning student must attach to this form a letter and/or documentation with the detailed explanation of your appeal request, a copy of your scholarship contract, and a copy of your Snow College unofficial transcripts. Supporting documentation from faculty or others (non-family members) familiar with the situation is strongly encouraged. Please see [www.snow.edu/scholarships](http://www.snow.edu/scholarships) for additional information regarding the appeal process.

Scholarship appeals for lost scholarships (credits or GPA earned) are reviewed at the beginning of each semester. Your appeal and all supporting documentation must be received in the Scholarship Office, 2<sup>nd</sup> floor of the Greenwood Student Center (room 258), by 5 p.m. on the third Friday of each semester. You will be notified via e-mail regarding the appeal results unless you specify otherwise. Appeals submitted during the semester will be reviewed at the discretion of the scholarship committee.

I certify that the above information provided in the application is true and correct to the best of my knowledge. A student found guilty of nondisclosure or misrepresentation in completing this application form will be subject to loss of all scholarship privileges.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_