Scholarship Appeal

Full Name: ___________________________________ Student ID: ___________________ Date: __________

YOU MUST COMPLETE ALL ITEMS

1. For which semester are you submitting a scholarship appeal? Fall ____ Spring ____ Year_____ 
2. What is your current Major? __________________________________________________________ 
3. What is your current grade level? ___________________________ (i.e. freshman, sophomore, etc.) 
4. What is your current cumulative GPA? __________________ 
5. Attach a full explanation of what you are appealing and why the Scholarship Appeals Committee should approve. Please be specific as possible. (Whether you are asking for scholarship consideration, loss of scholarship due to GPA or credits, extenuating circumstances, etc.) 

Note: You must attach the appropriate documentation to justify your appeal.

A decision concerning this appeal will be sent to your student email account. If approved, you may need to meet with a scholarship representative at the Scholarship Office and sign additional documents before your scholarship will be re-instated.

To the best of my knowledge, the information in this appeal is true and accurate. I understand that misrepresentation of facts in connection with this appeal, whenever discovered, may be sufficient cause, in and of itself, for cancellation of scholarship funds and may be turned over to the Utah Attorney General’s Office to determine if the appeal is fraudulent.

_________________________________________________________________________________
Student signature Student email account please print clearly

Official Use Only – Do Not Write Below the Dotted Line
GPA: __________
Completed Hours: ____________ ( ) Approved ( ) Denied
Comments:_
_________________________________________________________________________________

INCOMPLETE APPEALS WILL NOT BE ACCEPTED.