

# Kentucky State University Scholarship Appeal Form

## 2017-2018 Academic Year

**Student Financial Aid (SFA)**

Telephone: (502-597-5960)

Fax: (502-597-5950)

400 East Main Street

Academic Building

Frankfort, KY40601

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Based on our review you have not met the criteria necessary to maintain your scholarship for the **2017-2018** academic year; however, you have the right to appeal your status once during your academic career. The Scholarship Committee considers appeals based on a variety of extenuating circumstances (e.g., personal illness or injury, death of an immediate family member or other unusual circumstances).

### The Appeals Process

1. Complete both sides of this form and provide all supporting documentation as described on the back of this form.  
**APPEALS WITHOUT DOCUMENTATION WILL NOT BE REVIEWED.**
2. Return your appeal form and supporting documentation to: The Scholarship Committee, Kentucky State University, Financial Aid Office, 400 East Main Street, Frankfort, Kentucky, 40601.
3. **All appeals must be received no later than June 23, 2017.** The Scholarship Committee's final decision regarding your appeal will be sent to you in writing.

### Section I: Student Information

Name (Please Print) \_\_\_\_\_

**Last**

**First**

**MI**

Student Identification Number \_\_\_\_\_

Local Address \_\_\_\_\_

**City**

**State**

**Zip**

**Local Phone**

Permanent Address \_\_\_\_\_

**City**

**State**

**Zip**

**Permanent Phone**

KSU E-mail Address \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_

**Please complete both sides of this form and sign**

## Reason for Appeal

**Documentation Required:** Personal statement / letter from the student and supporting documentation, (see circumstances below)

(Check appropriate circumstance(s))

Personal Illness or Injury

Written statement from your physician or attending professional citing your illness or injury and its probable effect upon your academic performance. **Include date of onset and length of time of your illness or injury.**

Death of Immediate Family Member

Provide either an obituary, death certificate, or letter from a Professional (lawyer, doctor, minister) which states the **date of the death** and the individual's relationship to you.

Other Unusual Circumstances

Written documentation supporting your circumstances from an academic advisor, counselor, tutor, professor and/or Professional who is familiar with your circumstances. **Documentation must state the date(s) during which these circumstances occurred** and their probable effect on your academic performance.

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

### Section II: (to be completed by Student Financial Aid)

Approved \_\_\_\_\_ Approved Conditionally \_\_\_\_\_ Denied \_\_\_\_\_ Deferred \_\_\_\_\_

Conditions: \_\_\_\_\_

Release: Fall/Spring \_\_\_\_\_ Fall Only \_\_\_\_\_ Spring Only \_\_\_\_\_ Summer \_\_\_\_\_

\_\_\_\_ Additional Course Work

\_\_\_\_ Committee Exception

\_\_\_\_ Computer Error

\_\_\_\_ Grade(s) Change/Late

\_\_\_\_ Medical ( \_\_\_\_ Documentation)

\_\_\_\_ Professional Judgment

\_\_\_\_ Residence Credit (Grad Students)

\_\_\_\_ Other \_\_\_\_\_

Approved/Denial Signature \_\_\_\_\_ Date \_\_\_\_\_