Kentucky State University
Scholarship Appeal Form

2013-2014 Academic Year

Based on our review you have not met the criteria necessary to maintain your scholarship for the 2013-2014 academic year; however, you have the right to appeal your status. 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 21, 2013. 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 ____________________________________________________

Term for which you are appealing to receive aid __________________________________

Please complete both sides of this form and sign

REVISED: 5-31-13
Reason for Appeal

Condition

(Check appropriate circumstance(s))

Supporting Documentation Required

(Supporting documentation written on your behalf should be on official Letterhead and should contain your name and KSU ID number).

☐ 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 ________Medical ( ____ Documentation)
____Committee Exception ________Professional Judgment
____Computer Error ________Residence Credit (Grad Students)
____Grade(s) Change/Late ________Other ___________________

Approved/Denial Signature ___________________________________ Date ________________

Revised: 5-31-13