2015 - 2016
OUT-OF-STATE SCHOLARSHIP APPEAL

Name ________________________________ SSN# XXX-XX-_________ ID# __________________
(please print)
Student Signature____________________________________________________________________ Date_________________

Address ____________________________________________________________________________
(street) (city) (state) (zip)

Semester and Year of Appeal ___________________________________ Phone # __________________
(semester) (year)

I am appealing for the (check one):

_____ Out-of State Scholarship _____ International Student Scholarship

_____ Midwest Student Exchange Program Scholarship

Please complete this form and return it to our office. Attach the following:

• a typed, detailed explanation of the reason(s) you are submitting this appeal
• supporting documentation verifying information stated on your appeal

I certify that this information is true and correct to the best of my knowledge. If I provide false
or misleading information, I understand that I may be subject to fine, prison or both.

Student Signature __________________________________________ Date __________________

________________________________________
______________________________________________

Office Use: Appeal Decision

Approved _____ Denied ______ FAO Signature _______________________ Date ______________
Comments ____________________________________________________________________________

____________________________________________________________________________________

I:\DATA\FORMS\2015-2016 office forms _ OS Scholarship Appeal.doc Rev. 1/6/15 PS CODE: F162FK