2019-2020 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

Check the semester for which you are appealing. You may only select ONE:
If you are attending for SUMMER, you cannot submit an appeal for fall until after summer grades have posted.

     ___ Summer ________     ___ Fall ________     ___ Spring ________
            year         year         year

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 ____________________________________________________________

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