

SCHOLARSHIP APPEAL FORM

Financial Aid and Scholarships Office, University of Missouri – Kansas City
5100 Rockhill Road, 101 AC, Kansas City, MO 64110

STUDENT'S NAME (printed): _____ PHONE #: _____

STUDENT ID # _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Please Note: If we need to contact you about your scholarship request or other matters, we will generally do so via your UMKC email address. Please be sure to check your UMKC email account on a regular basis throughout the year!

PURPOSE OF THIS FORM:

The purpose of this form is to appeal for the continuation of your academic scholarship awarded by the UMKC Financial Aid and Scholarships Office for the 2017-2018 Academic Year. You must appeal because you either have not met the required GPA to renew the scholarship and/or you did not **EARN** 24 credit hours during the 2016-2017 Academic Year.

INSTRUCTIONS:

Answer the three questions below completely. Be specific and attach documentation. Return this form to the above address by **July 17, 2017** for consideration for the fall semester. **Scholarship appeals will not be considered after the date above.**

***** In some circumstances, this appeal may contain information related to sexual harassment, sexual misconduct, and other forms of sex discrimination. According to the University of Missouri System Policy, any incident of sexual harassment of any kind, including sexual assault, committed against students must be reported to the University Title IX Coordinator, so any documentation you provide may be submitted to their office.***

1. Why you were unable to complete all the required hours and/or why you were unable to achieve the minimum required grade point average to renew your scholarship? Please attach detailed documentation.

2. What corrective measures have you taken to assure improvement in the future? Please attach detailed documentation.

3. What scholarship(s) are you appealing? _____
(You can submit one appeal form for all of the scholarships from the Financial Aid and Scholarships Office)

4. SIGNATURE: _____ DATE: _____