### FINANCIAL AID & SCHOLARSHIPS OFFICE

**Scholarship Appeal**

**Student Name:** ____________________________________  **Student ID:** ____________________________________

**Email:** ____________________________________  **Phone Number:** ____________________________________

I request my scholarship eligibility be reviewed for (check only one):  
- [ ] Fall/Spring  
- [ ] Fall  
- [ ] Spring  

Please check the appropriate box next to the scholarship(s) you are appealing.

- [ ] Curator’s Award  
- [ ] Academic Excellence Award  
- [ ] Chancellor’s Award  
- [ ] Provost Award  
- [ ] Metro KS/MO Award  
- [ ] Chancellor’s Transfer Award  
- [ ] Curator’s Transfer Award  
- [ ] Phi Theta Kappa Award  
- [ ] Chancellor’s Minority Non-Resident Award  
- [ ] Departmental Award: ______________________  
- [ ] Other: ________________________________

**REQUIRED ACTION:** Submit this entire form and all of the following items to the Financial Aid and Scholarships Office.

- [ ] A signed, written explanation from you detailing the reason(s) you did not Earn 24 UMKC credit hours between Fall/Spring or meet the CUM GPA requirement for your scholarship(s). **Be specific** regarding one or more of the following: dropped classes, repeated courses, withdrawals, transfer credit, incomplete grades, low GPA.
- [ ] Documentation supporting your explanation (acceptable documentation consists of letters, medical records, death certificates, obituaries, birth certificates and official reports, or other information from third party sources which supports the student’s case);
- [ ] A statement from you explaining what corrective measures you have taken to assure future eligibility of scholarships.

*In some circumstances, appeals 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. Any documentation you provide may be submitted to their office.*

**DEADLINE FOR SUBMISSION OF THIS FORM:** This form must be submitted by **July 1st**. **Appeals are reviewed by the UMKC Financial Aid and Scholarships Office Scholarship Committee. Students are notified in writing via their UMKC email of the decision.**

**SIGNATURE REQUIRED**

___________________________________  Date

__________________________________

**Student Signature**

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Kansas City, MO 64110-2499  Fax: 816-235-5511  Toll Free: 1-800-775-UMKC

Those with speech or hearing impairments may use Relay Missouri, 1-800-735-2966 (TT) or 1-800-735-2466 (Voice)  
UMKC is an equal opportunity/affirmative action institution