



## Office of Financial Aid

# UNDERGRADUATE SCHOLARSHIP APPEAL REQUEST

2023 - 2024

**Instructions:** Your scholarship appeal must be complete and in by the deadline to be reviewed.

<p><b>Why are you appealing? Check all that apply.</b></p> <p><input type="radio"/> Failure to renew due to GPA.</p> <p><input type="radio"/> Failure to renew due to hours completion.</p> <p><input type="radio"/> Enrolling less than full-time as required.</p> <p><b>What is the reason for appealing?</b></p> <p><input type="radio"/> Medical</p> <p><input type="radio"/> Emergency</p> <p><input type="radio"/> Other, explain in your statement</p> <p><input type="radio"/> Graduation, must have applied and paid</p>	<p><b>Semester for appeal:</b></p> <p>Fall 2023 _____</p> <p>Spring 2024 _____</p> <p><b>Hours enrolled:</b></p> <p>Fall 2023 _____</p> <p>Spring 2024 _____</p> <p><b>DEADLINES:</b></p> <p>Fall 2023: September 8, 2023</p> <p>Spring 2024: February 2, 2024</p>
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Name: \_\_\_\_\_

TAMIU ID#: \_\_\_\_\_

Dusty Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Major: \_\_\_\_\_

Name of scholarship(s) you are appealing to, do not include grants:

\_\_\_\_\_  
\_\_\_\_\_

**I understand that the committee will not review this appeal if the following items are missing.**

1. Student letter of situation and request.
2. Documentation that supports the appeal such as medical bills, divorce decrees, death certificates, letters from doctors, counselors, academic advisors, parents, etc.

**Student's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### For Office Use Only

Fund Code(s):	Award Amount:
Decision: <input type="radio"/> Approved <input type="radio"/> Denied	Approved Amount:
Date processed: Processed by - staff initials: RHACOMM Updated by:	Notes:
Date student was emailed the results:	RRAAREQ Code <b>SCHAPL</b> Entered by staff: