

Step 1: Student Information Please use blue or black ink only when completing this document.

## **Scholarship Appeal Form**

Eligibility for LSUS Guaranteed and LSUS Foundation Scholarships is based on maintaining the retention criteria specific to each scholarship. If you are not meeting the retention criteria for a scholarship awarded to you, you may submit a Scholarship Appeal if you have suffered undue hardship or mitigating circumstances. A Scholarship Appeal is a request that asks the Office of Scholarships and Financial Aid Committee to consider reinstating your eligibility to receive aid.

Please complete all steps outlined on this form. Appeals will **NOT** be considered for a semester that has already ended. It is your responsibility as a student to pay all outstanding balances by your fee payment deadline while waiting for an appeal decision. Regardless of the appeal decision, you are responsible for any late fees incurred and/or any scheduled payment plan drafts. **Failure to complete any step listed below will automatically void your appeal.** 

| Name (Print):   | Student ID:  |
|---|--|
| Email Address: This email address will be used for notification.  | Phone Number:  |
| Step 2: Reason for Scholarship Suspension  The reason for my scholarship suspension (check all that a line of currently have a cumulative grade point average of I did not earn the required number of credit hours of I did not enroll in consecutive semesters of I had a financial aid appeal approved, was placed academic plan | (GPA) below the required minimum standards   |
| indicate below which situation(s) best applies to the acader  | s must meet at least one of the criteria in the chart below. Please mic difficulty you experienced. All appeals should be submitted ble documentation are listed in the following chart. The ethe appeal is submitted.   |
| documentation should be attached to the appear at the time  |  |
| Check the Circumstance(s) that Apply  | Strongly Encouraged Documentation (must include dates)   |
|   |  |
| Check the Circumstance(s) that Apply  | Strongly Encouraged Documentation (must include dates)  Signed and dated physician statement verifying medical problem(s) experienced, treatment received, clearance to  |
| Check the Circumstance(s) that Apply  Severe illness, medical condition or injury   | Strongly Encouraged Documentation (must include dates)  Signed and dated physician statement verifying medical problem(s) experienced, treatment received, clearance to return to school/work; legible copy of accident  Copy of death certificate and/or dated obituary from  |
| Check the Circumstance(s) that Apply  Severe illness, medical condition or injury  Death of family member  Traumatic life-altering event such as fire,  | Strongly Encouraged Documentation (must include dates)  Signed and dated physician statement verifying medical problem(s) experienced, treatment received, clearance to return to school/work; legible copy of accident  Copy of death certificate and/or dated obituary from newspaper  Evidence of event such as insurance claim or FEMA             |
| Check the Circumstance(s) that Apply  Severe illness, medical condition or injury  Death of family member  Traumatic life-altering event such as fire, flood, hurricane, etc.  Extenuating Circumstances resulting from   | Strongly Encouraged Documentation (must include dates)  Signed and dated physician statement verifying medical problem(s) experienced, treatment received, clearance to return to school/work; legible copy of accident  Copy of death certificate and/or dated obituary from newspaper  Evidence of event such as insurance claim or FEMA application |



Step 5: Checklist of Completion and Certification of Information

## Step 4: Appeal Letter

You must submit a typed and signed letter explaining why you should be granted an appeal. Address each reason(s) selected in <u>Step 2</u> by answering the questions below. One or more circumstance may apply to your situation. Ex: If your GPA and Hours Earned are below the required minimum standards, answer only the questions pertaining to GPA and Hours Earned. Be thorough and include the circumstances that explain your situation.

**GPA**: You need to state/answer (A) what the problem was that did not allow you to meet the minimum GPA requirement; (B) when did the problem occur; (C) how long did the problem last; (D) how did this affect your ability to complete your coursework; and (E) the steps taken to ensure that the minimum standards will be met at the next evaluation. Be as detailed as possible.

**Hours Earned**: You need to state/answer (A) what the problem was that did not allow you to meet the required number of hours; (B) when did the problem occur; (C) how long did the problem last; (D) how did this affect your ability to complete your coursework; and (E) the steps taken to ensure that the minimum standards will be met at the next evaluation. Be as detailed as possible.

| ~       |  |          |
|---------|--|----------|
| Please  | check the following to verify you have completed all steps prior to submitting your appeal.  |          |
|         | I have read and understand LSUS's SAP Policy which can be found at <a href="www.lsus.edu/admissions">www.lsus.edu/admissions</a>   | -and     |
|         | financial-aid/financial-aid/policies.  |          |
|         | I have completed the appeal form by following all steps.   |          |
|         | I have attached a typed and signed letter and all questions in step 4 above have been answered in dep  | th.      |
|         | I have attached documentation to support my appeal.  |          |
| Please  | read the statements and sign below.  |          |
|         | I certify that the information I have provided is true and complete to the best of my knowledge. I under that giving misleading information or forged documentation will result in me being reported to the St Advocacy & Accountability Office for appropriate disciplinary action. |          |
|         | I certify that I understand if my appeal is approved and I fail to meet the requirements outlined in   | in the   |
| Ш       | academic plan, my future eligibility for scholarships will be suspended.   | .11 (11) |
|         | I understand that the appeal decision will be sent to the email address provided above and/or my I student email.  | _SUS     |
| Student | t's Signature: Date:   |          |