

SCHOLARSHIP APPEAL FORM

2009-2010

Student Name _____	ID Number _____
Filing Appeal for <input type="checkbox"/> Fall 2009 <input type="checkbox"/> Spring 2010	
Classification <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
Major _____	Minor, if applicable _____
Number of credits for next semester _____	Cumulative GPA _____
Reason for Appeal	
<input type="checkbox"/> Academic Difficulties [GPA] <input type="checkbox"/> Reduction of Credit Hour Requirement to 12 or 13 hours [Scholarship will be pro-rated accordingly—2 terms max]	
<input type="checkbox"/> Credit Hour [Failure to Meet] <input type="checkbox"/> Miscellaneous _____	

Please answer the following questions as completely as possible and return the form to the Office of Scholarships and Financial Aid in a timely manner. The Scholarship Appeal Committee will meet three weeks before the start of the semester and a week after the start of the semester to review and decide on appeals. Please type or print legibly. Attachment of any supporting documentation that would assist the committee in better understanding your circumstance is highly recommended. *Please submit additional pages if space provided is not sufficient.*

Please list and describe in detail what circumstance(s) contributed or will contribute to your inability to meet the requirements specified in the University Scholarship Terms and Conditions.

First Circumstance: _____

Second Circumstance: _____

Third Circumstance: _____

What other responsibilities do you have while you attend school? [work, family, etc.]

What changes have you made or will make to help you succeed at UST? **Address each circumstance presented earlier and provide specific information about evidence of improved skills and/or changes in life circumstances and areas such as health, family situations, employment, commitments, etc.**

First Circumstance: _____

Second Circumstance: _____

Third Circumstance: _____

Student Signature

Date

Date Received
Received By

STATEMENT OF ACADEMIC INTEGRITY

Student Responsibility: I am responsible for knowing and abiding by the terms and conditions outlined in the University Scholarship or Monaghan Transfer Scholarship Terms and Conditions Form signed upon acceptance of my University Scholarship. Ignorance of any particular is not an excuse for failing to follow the scholarship terms and conditions.

Statement of Academic Integrity: Ethical conduct is essential to a community of scholars and students searching for the truth. Anything less than a total commitment to honesty and honorable conduct undermines the efforts of the entire community. Academic integrity lies at the very heart of any institution of higher learning. At the University of St. Thomas, students and faculty are expected to commit to a code that exemplifies each individual's honor and integrity. Any conduct that violates this standard and betrays the respect of others is a matter of grave concern and is unacceptable.

Statement of Scholarship: Scholarly work is essential to uphold the value of education provided by the University of St. Thomas, as well as the currency of all degrees conferred within the greater educational, professional, and world community. Anything less than a total commitment to preparation, attentiveness, active intelligence, reasonableness, and responsibility for producing the highest quality college work undermines the efforts of the entire community. It is the student's responsibility to seek out academic and personal support when crisis occurs.

Statement of Understanding: The Scholarship Extension Appeal I have submitted represents my best efforts to commit to UST goals of Higher Education. I understand that the Scholarship Appeal Committee's decision is final and re-appeals will not be accepted. The Scholarship Appeal Committee's decision may stipulate conditions and restrictions. If not followed explicitly, I understand that appropriate action will be taken by the Scholarship Committee and my scholarship may be cancelled.

Statement of Release: I am requesting that the Scholarship Appeal and supporting documentation I have submitted be reviewed for consideration by the Scholarship Appeal Committee members.

I hereby authorize the Scholarship Appeal Coordinator and Committee to discuss and obtain any documentation related to my academic performance, my character, my potential for success in the endeavor for which he/ she is recommending me, and any other professional or academic information he/she considers relevant. I also waive my right under the Family Educational Rights and Privacy Act (FERPA) to view obtained documentation, making it confidential between the individual contacted and the Scholarship Appeal Committee.

Student Signature

Date

For use of OSFA

Type of University Scholarship _____ Annual Amount _____

Date Received
Received By