

# SCHOLARSHIP APPEAL FORM 2018-2019

Student Name \_\_\_\_\_ ID Number \_\_\_\_\_ Phone # (cell preferred) \_\_\_\_\_

Email (all appeal results and correspondence will be sent via UST email): \_\_\_\_\_

Name of University Scholarship \_\_\_\_\_ Annual Amount \$ \_\_\_\_\_

Filing Appeal for:  Fall 2018  Spring 2019 Classification:  Freshman  Sophomore  Junior  Senior

Major \_\_\_\_\_ Minor, if applicable \_\_\_\_\_

Number of credits for next semester \_\_\_\_\_ Cumulative GPA \_\_\_\_\_ Last Semester GPA \_\_\_\_\_

**Reason for Appeal:**

- Academic Difficulties: Less than required GPA for above scholarship
- Reduction of Credit Hour Requirement to below 12 hours: must attach letter & degree program worksheets
- Credit Hour: Did not complete 24 hrs per year or 12 hrs per term
- Request for Additional Semester beyond standard 8 terms: must attach letter & degree program worksheets
- Scholarship Reinstatement Request: must attach letter & degree program worksheets

All appeals must have a typed, signed letter from yourself, answering the following questions as completely as possible, or describing your request. Submit the letter with this form, both SIGNED to the Office of Scholarships and Financial Aid in a timely manner.

**Attachment of any supporting documentation that would assist the committee in better understanding your circumstance is highly recommended (i.e. medical statements, doctor's notes, etc). Address your letter as: "To the Scholarship Committee:"**

- 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.
- Please list all other responsibilities you have while you attend school (i.e. work, family, etc.).
- What changes have you made or will make to help you succeed at UST?

**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. 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 submitting this appeal, to 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

**COMMITTEE USE ONLY:**

Approved

Denied

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

Required GPA: \_\_\_\_\_ Hours Completed for prior Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer: \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_