

SCHOLARSHIP APPEAL FORM

Financial Aid and Scholarships Office, University of Missouri – Kansas City
5100 Rockhill Road, 101 AC, Kansas City, MO 64110

STUDENT'S NAME (printed): _____ PHONE #: _____

STUDENT ID #: _____ WORK #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PURPOSE OF THIS FORM:

THE PURPOSE OF THIS FORM IS TO APPEAL FOR THE CONTINUATION OF YOUR ACADEMIC SCHOLARSHIP FOR THE 2009-10 ACADEMIC YEAR. YOU MUST APPEAL BECAUSE YOU EITHER HAVE NOT MET THE REQUIRED GPA TO RENEW THE SCHOLARSHIP OR YOU HAVE NOT BEEN A FULL-TIME STUDENT DURING THE 2008-09 ACADEMIC YEAR

INSTRUCTIONS

Answer the three questions below completely. Be specific. Return this form to the above address by **July 31, 2009** for consideration for the fall semester. **Scholarship appeals will not be considered after the date above.**

1. Why were you unable to complete all the required hours and/or why were you unable to achieve the minimum required grade point average to renew your scholarship? Attach documentation if applicable.

2. What corrective measures have you taken to assure improvement in the future?

3. What scholarship(s) are you appealing? _____
(You can submit one appeal form for all of the scholarships from the Financial Aid and Scholarships office)

4. SIGNATURE: _____ DATE: _____