

## Scholarship and Financial Aid Appeal Form

Student Name: \_\_\_\_\_ Jag Number: \_\_\_\_\_

Name of scholarship or aid that is subject of appeal: \_\_\_\_\_

Date of scholarship or aid termination: \_\_\_\_\_

(This appeal form and supporting documentation must be submitted to the Office of Scholarship Services within 10 days of the appealing student's ("Student's") receipt of written notification of scholarship or aid termination.)

The Scholarship and Financial Aid Appeals Committee ("Committee") reviews documented evidence of extenuating circumstance that may have impacted the Student's academic performance or ability to satisfy the conditions set forth in his/her scholarship or aid agreement ("Agreement"). Extenuating circumstances are considered to be past events that no longer pose barriers to academic progress.

Examples of extenuating circumstances to be considered for appeal include:

Serious illness or injury to the Student or immediate family member (parent, spouse, sibling, child) that required extended recovery time or in the case of the family member required extensive help from or other hardship on the student

Death of an immediate family member

Significant trauma in student's life that impaired the Student's ability to meet the conditions of the Agreement

Other unexpected, documentable circumstances beyond the control of the Student

Note: Circumstances related to the typical adjustment to college life such as working while attending school, financial issues related to paying bills or car maintenance/travel to campus are not considered as extenuating for purposes of appealing termination of scholarship/aid. The appeal must also support how the student is now in a position to be academically successful.

The appeal must include the following:

**Student's Personal Statement** indicating what caused the loss of the scholarship/aid AND what has changed that will allow the Student to meet the standards after the next semester. (Note: No

I certify the information provided is true.

I have read the Student Appeal of Termination Scholarship or Financial Aid guidelines, and I understand the Scholarship and Financial Aid Appeals Committee is the final authority in the appeals process.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office of Scholarship Services University of South Alabama 390 Alumni Circle  
Meisler Hall Suite 1225 Mobile, AL 36688  
Ph: (251) 461-1958  
[scholarships@southalabama.edu](mailto:scholarships@southalabama.edu)

**Please attach your statement, a letter from your advisor (or major professor), and any supporting documentation to this form.**

**Please note: misrepresenting or furnishing false information to the University is a direct violation of the Student Code of Conduct.**