

Student Name _____

Banner ID + _____

Student Email _____@MiamiOH.edu

1. Students may appeal their scholarship cancellation if they have a **valid** reason which prevented them from meeting the needed GPA.

Valid reasons for appeal include:

- Severe personal illness or injury which needed a lengthy recovery time
- Death or severe illness of a family member
- Severe trauma that impaired emotional and/or physical health

Invalid reasons for appeal include:

- Poor academic performance due to being homesick
- Having a hard time adjusting to college or freedom of college life
- Being unhappy with classes or with a professor

2. To appeal a scholarship cancellation, submit **all required** documents. **IMPORTANT: Do not** submit any original document(s) as we will be unable to return them. The Banner ID will need to be included on all documents submitted.

Required Documentation: (If a scholarship appeal was submitted in the past, a new personal statement will need submitted)

1. Scholarship Appeal form
2. Personal statement with the following information (in this order):
 - A detailed account of the **valid** reason(s) for failure to meet the needed cumulative GPA. Include documentation which supports the reasoning (i.e., statements from physicians/counselors including treatment dates and clearance to return to school, statement from clergy, birth/death certificates, obituaries, etc. These statements should not include detailed medical history or diagnosis).
 - The action(s) taken to improve performance (e.g. tutoring, academic advising, or other actions) which shows there will be progress going forward. Be thorough and provide documentation.

CERTIFICATION: I understand that submitting this form may not result in a reinstatement of my scholarship(s). If my appeal is incomplete or lacks documentation, the appeal will be denied automatically, therefore I am submitting a complete appeal. Once a decision about my appeal has been made, I will be notified of the outcome. I certify that all the information reported to qualify for federal student aid is complete and correct and that purposely giving false or misleading information may lead to fines, prison or both.

Student Signature (Original, not typed)_____
Date

FOR OFFICE USE ONLY

Cumulative GPA as of May 2019: _____

Prior appeal: ___ no ___ yes (approved year(s) and fund(s) _____) ___ yes (denied)

Current appeal: ___ incomplete ___ Approved ___ Split Approval for _____ Denied ___

Comments _____

___ RRAAREQ (A/Z) ___ RHACOMM ___ RPAAWRD (if approved) ___ RZASAWD (if approved, *renew & elig* boxes)**Please return this form to the One Stop:**

Miami University – One Stop - 301 S. Campus Ave. - Oxford, OH 45056

513-529-0001 - Email: OneStop@MiamiOH.edu - Fax: 513-529-8713 – MiamiOH.edu/OneStop

APLSCH1920