



SCHOLARSHIP APPEAL REQUEST FORM

Notification of failure to meet requirements of the Merit/CSU Trustee/Honors Scholarship is provided to students by the Office of Financial Aid & Student Employment. Students have the right to submit a complete appeal request within 10 business days of notification. Late and/or incomplete requests will not be considered. The appeal pertains only to the monetary scholarship, not participation in the Honors Program.

Appeal determination: The Scholarship Appeal Request Form, supporting documentation, including medical/credible documentation, must be submitted to the Scholarship Appeals Committee, WCSU, Enrollment Services, Old Main 206, 181 White Street, Danbury, CT 06810 OR fax to (203) 837-8011. Decision will be sent via WCSU student email only.

SECTION I: STUDENT INFORMATION

Name		Student ID
Phone	Email	
Total Credits Earned at Time of Appeal <input type="checkbox"/> 0-29 <input type="checkbox"/> 30-59 <input type="checkbox"/> 60-89 <input type="checkbox"/> 90-120+	Appeal Effective Term <input type="checkbox"/> Fall <input type="checkbox"/> Spring Academic Year: _____	

SECTION II: APPEAL INFORMATION

You may be eligible to submit an appeal **if you experienced significant, extenuating circumstances beyond your control**. If you experienced other challenges, such as difficulty with classes, time management, work or family responsibilities or other co-curricular commitments, be aware that these are not considered extenuating circumstances. Please provide a written explanation surrounding circumstances resulting in not meeting scholarship requirements.

Academic Scholarship:

- Presidential Merit Connecticut State University Trustee Honors

Scholarship Requirement Not Satisfied:

- Enrollment Status (*completed* less than 12 credit hours in term)
 Upcoming Enrollment Status (*enrolled* less than full-time)
 GPA Requirement (Merit – below 3.2 GPA; CSU Trustee/Honors – below 3.0 GPA)

Please initial each line indicating that you meet and understand the following terms:

- _____ I experienced extenuating circumstances and am submitting supporting documentation, including written statement.
 _____ I am submitting a complete appeal request within 10 business days of cancellation notification.
 _____ If the scholarship appeal request is denied, I am liable for all educational costs.

SECTION III: STUDENT CERTIFICATION

I certify that the submitted information is true and accurate to the best of my knowledge. If requested, I agree to provide additional documentation. I understand that purposely providing false or misleading information on this form may result in absolute revocation of the Scholarship.

Student Signature	Date
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FOR OFFICE USE ONLY

Complete Appeal Received: _____	Reason for Denial: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	_____
_____	Required Action: _____
Appeals Committee Member Signature	_____