Kentucky State University Scholarship Appeal Form

2023-2024 Academic Year

Student Financial Aid (SFA)

Telephone: (502-597-5960) Fax: (502-597-5950) 400 East Main Street Academic Building Frankfort, KY40601

Based on our review you have not met the criteria necessary to maintain your scholarship. You have the right to appeal your status once during your academic career. The Scholarship Committee considers appeals based on a variety of extenuating circumstances (e.g., personal illness or injury, death of an immediate family member or other unusual circumstances).

The Appeals Process

1. Complete <u>both pages</u> of this form and provide all supporting documentation as described on this form. *Please complete both pages of this form and sign*.

APPEALS WITHOUT DOCUMENTATION WILL NOT BE REVIEWED.

- Return your appeal form and supporting documentation to: The Scholarship Committee, Kentucky State University, Financial Aid Office, 400 East Main Street, Frankfort, Kentucky, 40601, or send all pages via email to <u>finaidmail@kysu.edu</u> with Scholarship Appeal in the subject line.
- 3. All appeals must be received by close of business on July 21, 2023. The Scholarship Committee's final decision regarding your appeal will be sent to you via your KYSU email.

Section I: Student Information

Name (Please Print)	Last		irst	MI
Student Identification No.	where			
Student Identification Nu	mber			
Local Address				
City	State	Zip	Local Phone	
Permanent Address				
City	State	Zip	Permanent Phone	
KSU E-mail Address				
Anticipated Graduation I	Date			

Reason for Appeal

<u>Documentation Required:</u> Personal statement / letter from the student and supporting documentation, (see circumstances below)

(Check appropriate circumstance(s) Personal Illness or Injury	Written statement from your physician or attending professional citing your illness or injury and its probable effect upon your academic performance. Include date of onset and length of time of your illness or injury.
Death of Immediate Family Member	Provide either an obituary, death certificate, or letter from a Professional (lawyer, doctor, minister) which states the date of the death and the individual's relationship to you.
Other Unusual Circumstances	Written documentation supporting your circumstances from an academic advisor, counselor, tutor, professor and/or Professional who is familiar with your circumstances. Documentation must state the date(s) during which these circumstances occurred and their probable effect on your academic performance.

Student Signature	Date	

Section II: (to be completed by Scholarship Committee)					
ApprovedApproved Conditionally	DeniedDeferred				
Conditions:					
Release: Fall/Spring Fall Only	Spring Only Summer				
Additional Course Work Committee Exception Computer Error Grade(s) Change/Late	Medical (Documentation) Professional Judgment Residence Credit (Grad Students) Other				
Approved/Denial Signature	Date				

Revised: 4-22-23