

Institutional Scholarship Appeal Form

To submit the completed form: **In person:** MT One Stop Student Services and Admissions Center (SSAC) – Room 210;
Mail: MTSU, MT One Stop, SSAC Room 260, 1301 East Main Street, Murfreesboro, TN 37132; **Fax:** (615) 494-7770. SCHAPP

If you have lost eligibility for an academic, Foundation, or other scholarship awarded by the MTSU Financial Aid & Scholarship Office, you may use this form to file an appeal. You will receive a response via your MTSU email account in 2-3 weeks. If you received the scholarship from another MTSU department, please contact them to ask about appeal options. For the lottery appeal form and instructions, visit www.mtsu.edu/financial-aid/appeals.php.

Name: _____ **MTSU ID # :** M _____
For what semester are you requesting reinstatement? Fall 20 __ Spring 20 __ Summer 20 __
Email Address: _____@mtmail.mtsu.edu **Phone:** (____) _____
Please Note: If we need to contact you about your scholarship request or other matters, we will generally do so via your MTSU email address. Please be sure to check your MTSU email account on a regular basis throughout the year!
Name of Scholarship: _____

Indicate the reason for the appeal:

New, Current, or Former Scholarship Recipients:

- I had extenuating personal or medical circumstances which prevented or will prevent me from meeting GPA, service, and/or enrollment (e.g., half-time, not enrolled) requirement(s).
 - ⇒ Attach a **detailed** letter explaining why you have not met the minimum criteria to retain your academic scholarship, and what actions you have taken or will take to correct the situation.
 - ⇒ Enclose supporting documentation from medical doctors, advisors, psychologists, etc., to verify the information on this appeal form. Failure to provide information may result in your appeal being denied.
- I previously lost a renewable scholarship due to failure to meet GPA requirements; I am now meeting the GPA requirement and request reinstatement of my scholarship.

Incoming Freshmen:

- I had extenuating personal or medical circumstances which prevented me from applying by the deadline and/or prevented me from taking the ACT/SAT by the deadline.
 - ⇒ Attach a **detailed** letter explaining why you have not met the minimum criteria to retain your academic scholarship, and what actions you have taken to correct the situation.
 - ⇒ Enclose supporting documentation from medical doctors, advisors, psychologists, etc., to verify the information on this appeal form. Failure to provide information may result in your appeal being denied.

Please initial:

- _____ I have read the appeal info at www.mtsu.edu/financial-aid/appeals.php.
- _____ I understand that I must continue to meet the GPA, enrollment, and service requirements to retain my scholarship. If my appeal is approved, I may be responsible for raising my GPA to the required level by the end of the semester, making up any missed service hours, or performing other actions to meet scholarship requirements.
- _____ I understand that reinstatement of a scholarship is contingent on available funding. Even if my appeal is approved, I may not be able to regain the award immediately if funds are not available.
- _____ I understand that my appeal may be denied if I fail to provide a personal statement and documentation to support my appeal.
- _____ I understand that the appeal decision is final.
- _____ I verify that all of the above statements and attached documentation are true and accurate.

Student Signature: _____ Date: _____