



INSTITUTIONAL MERIT SCHOLARSHIP FOR FINANCIAL AID & SCHOLARSHIPS APPEAL REQUEST FORM

Students who do not meet the scholarship renewal criteria as outlined in the University Scholarship Policy will be granted an opportunity to appeal. Providing supporting documentation in relationship to your extenuating circumstances is required. Including a detailed typed letter to support your appeal is highly recommended for the strongest consideration regarding your appeal.

Additional considerations are as follows:

1. Your appeal will be reviewed to evaluate your academic record and determine if extenuating or unusual circumstances existed.
2. Decisions will be communicated in writing. The opportunity to appeal is a privilege not a right; therefore, the decision of the appeals committee is final.
3. Please note that this form only pertains to institutional merit awards and **not** Athletic or Talent-Based scholarships and is separate and distinct from the Federal Student Aid (SAP Appeal) process.
4. Multiple appeals will not be considered.

INSTRUCTIONS:

1. **DEADLINE:** An appeal will not be considered after **January 13, 2021 at 5pm**. Forms received after this date will be automatically denied. Appeals to receive scholarships for prior semesters will not be considered.
2. Before an appeal will be considered, you must have a Free Application for Federal Student Aid (FAFSA) on file for the next fall semester.
3. Complete and return the **SCHOLARSHIP APPEAL** form to the Financial Aid Office. Please be sure to attach all required documentation. Forms received without attached documentation will be denied.
4. Submit a completed appeal form and appropriate supporting documentation to financialaid@dillard.edu by the above deadline. Place in the subject line: SCHOLARSHIP APPEAL FORM
5. It will take approximately 5 business days for you to receive a decision on your appeal.

DILLARD UNIVERSITY
INSTITUTIONAL MERIT SCHOLARSHIP APPEAL

Date Completed: _____

Name: _____ ID# _____

Address: _____ Telephone #: (____) _____

City: _____ State: _____ Zip: _____ Cumulative GPA: _____

Appeal is for: Spring 2021 Fall 2021

Name of Faculty Advisor: _____

1. What is your current classification and major? Class _____ Major _____

2. When did you initially enroll at Dillard University? _____

3. What is your anticipated graduation date? _____

4. Please check the award you lost (check one only):

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> University Scholarship | <input type="checkbox"/> Dean's Scholarship | <input type="checkbox"/> DU Grant I |
| <input type="checkbox"/> Presidential Scholarship | <input type="checkbox"/> Merit Scholarship | <input type="checkbox"/> DU Grant II |

5. What extenuating circumstances prohibited you from meeting the requirements to keep your scholarship? **You must attach documentation to support your claim of extenuating circumstances**, i.e. letter confirming medical treatment, confirmation of death in the immediate family, COVID-19 related issues, etc.).

6. What changes have occurred that will enable you to keep your scholarship in the future? Please explain.

7. Have you appealed previously? _____ If so, How many times? _____ When: _____

FINANCIAL AID USE ONLY

ENROLLMENT DATE: _____ CGPA: _____ DATE FORM RECEIVED: _____

CUM HRS ATTEMPTED: _____ CUM HRS EARNED: _____ SAP Status: _____

FALL TERM GPA: _____ FALL HRS ATTEMPTED: _____ FALL HRS EARNED: _____

SPRING TERM GPA: _____ SPRING HRS ATTEMPTED: _____ SPRING HRS EARNED: _____

In House Committee Members/Date

DECISION: Approvals Denials

Signature Date A D

Signature Date

Signature Date

Signature Date A D

Signature Date

Signature Date

OVERALL DECISION: A-Approved D-Denied Initial: _____ Date: _____

NEW AWARD VALUE: \$ _____ COMMENTS: _____
