



Financial Aid and Scholarship Services

Appeal Application

(Scholarships, Obama Scholar and ASU College Attainment Grant Program only)

Academic year

Student information

Please type or print clearly using only blue or black ink.

Last name	First name	Middle initial	10-digit ASU ID
Local street address	City	State	Zip code
			Daytime phone number

This form will not be processed if any items are left blank or illegible.

If clarification of your situation is necessary, additional information or documentation may be required.

Purpose

You may be eligible to submit an appeal only 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. In these cases, consult your academic advisor and utilize ASU resources to ensure that you receive the guidance and assistance necessary to remain on track to graduate.

Eligible scholarship and financial assistance programs

This appeal can be used only for consideration of reinstatement of the following scholarship programs:

- Academic Decathlon Scholars.
- All-Arizona Academic Team Scholars.
- ASU College Attainment Grant.
- ASU Scholastic Award.
- Dean's Scholars.
- Flinn Finalist Scholars*.
- Leadership Scholars.
- National Achievement Scholars.
- National Merit Scholars.
- National Hispanic Scholars.
- President Barack Obama Scholars program.
- President's Scholars.
- Provost's Scholars.
- Sun Devil Scholars.
- University Scholars.

*This only applies to Flinn Scholarships awarded by Arizona State University.

Instructions

1. Complete sections A and B below.
2. Meet with your ASU academic advisor and ask your advisor to complete section C below.
3. Attach a personal statement describing, in detail, the circumstances that warrant a review of your scholar/program eligibility.
4. Attach supporting documentation of your extenuating circumstances. Any documentation that supports your statement will assist in our review. Failure to substantiate your circumstances may result in your appeal being denied for lack of documentation.
5. Retain a copy of all submitted materials; materials will not be returned to you.
6. **Submit this form** online to students.asu.edu/forms/fa-submit-info, mail to PO Box 870412, Tempe, AZ 85287-0412, or in person at any Financial Aid and Scholarship Services location.

Submission deadline

This request must be submitted **no later than close of business on the deadline listed at students.asu.edu/forms/scholarship-appeal**. Late requests will not be accepted. Incomplete and late applications will not be processed. Students are responsible for meeting all deadlines for submitting additional documentation requested by Financial Aid and Scholarship Services. Please plan accordingly if you experience a delay in your scholarship being applied to your outstanding ASU charges. You will be responsible for any resulting late charges.

Section A: Appeal information and terms

- ☐ **Medical:** Applies if you experienced serious medical concerns. This form must be accompanied by an original letter from your health care provider, documenting the date of onset of illness, dates of medical care, general nature of your medical condition, why/how it prevented completion of your coursework, date of your anticipated return to school, and the last date you were able to attend class. The original letter must be typed on your health care provider's letterhead stationery and submitted in a sealed envelope.
- ☐ **Compassionate:** Applies if you experienced extraordinary personal circumstances beyond your control, such as care of a seriously ill child/spouse or death in your immediate family that prevented you from continuing classes. This form must be accompanied by credible documentation appropriate to your situation, along with a detailed outline chronicling dates of the event(s). In some cases, documentation may be similar to a scholar appeal for medical reasons; depending on your situation, required/acceptable documentation may include court documents, police reports, legal documents (restraining orders), newspaper clippings, etc.

Last name	First name	Middle initial	10-Digit ASU ID
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Appeal submitted for (please check all that apply)

- ☐ ASU Merit Scholarship
 ☐ President Barack Obama Scholars Program
 ☐ ASU College Attainment Grant Program

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

- ☐ I experienced extenuating medical or compassionate circumstances and understand that challenges such as, but not limited to, difficulty with classes, time management, and work/family/co-curricular responsibilities are not considered extenuating circumstances.
☐ I have submitted a complete scholar appeal, along with a letter, documentation and advisor certification by the deadline listed at students.asu.edu/forms/scholarship-appeal.
☐ I understand that changes to my scholar eligibility will result in a change to my federal, state and/or institutional financial aid.

Section B: Certification and signature

Certification: I certify that the submitted information is true and correct to the best of my knowledge. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid.

Student's signature	Date
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Section C: ASU academic advisor statement

All students are required to meet with their academic advisors before submitting a scholar appeal in order to have the opportunity to discuss such items as: academic success resources on campus (e.g., learning resource centers, Writing Center), study strategies, time-management tips, credit hour requirements, degree progress and other campus resources related to the student's individual situation (e.g., Student Health Center, Counseling and Consultation).

Your next steps

- Schedule an appointment with, call, or email your academic/faculty advisor to discuss academic success resources.
 - What are the extenuating circumstances that were beyond your control that caused you to have difficulty with your classes?
 - What type of plan can you establish to help you be academically successful?
 - Any additional information that should be considered.
- After conferring with your academic/faculty advisor, create an email to your academic/faculty advisor that includes the above questions AND answers you discussed. Please use the sample email below.
- Ask your academic/faculty advisor to respond to your email confirming the answers you discussed. This replaces a formal signature from your academic/faculty advisor.
- Upload your academic/faculty advisor's email response using the **Upload** button and then click **Submit** to complete the submission of this form. By this submission, you certify that you have met with your academic/faculty advisor.

Sample email to your academic/faculty advisor

Dear (name of advisor),

I am appealing my financial aid eligibility to receive my institutional scholarship. In order to continue my eligibility for federal financial aid, your confirmation of our discussion is requested by confirming the answers to the questions we discussed. Your email confirmation serves as a signature. I've listed Q&As below. Please review and reply to this email confirming these answers:

- What are the extenuating circumstances that were beyond your control that caused you to have difficulty with your classes? <ANSWER>
 - Is this a medical circumstance? <ANSWER>
 - Is this a compassionate circumstance? <ANSWER>
- Describe the meeting with the student that included this conversation. <ANSWER>
- What type of plan can you establish to help you be academically successful? <ANSWER>
- Any additional information that should be considered. <ANSWER>

If you need assistance to complete this form, please contact our office at 855-278-5080 or students.asu.edu/contact/financialaid.