



Athletic Grant-In-Aid Appeal

ARIZONA STATE UNIVERSITY

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

Office Use Only
Academic Year

STUDENT INFORMATION

Last Name	First Name	Middle I.	10-Digit ASU ID	
Local Street Address	City	State	Zip Code	Daytime Phone Number

INSTRUCTIONS

THIS FORM IS TO BE USED BY student-athletes who wish to appeal the cancellation, reduction or non-renewal of athletic grant-in-aid. Appeals are reviewed by the Athletic Grant-In-Aid Appeal Committee in Student Financial Assistance.

YOU MUST COMPLETE the following required actions:

1. Complete Section A and B below.
2. Appeal must be postmarked or received by Student Financial Assistance within 10 business days from the date of the notice.
3. Attach a statement describing, in detail, the reasons or circumstances that warrant a review of your scholarship eligibility with names of coaches, financial aid officers and other university employees with whom you have discussed the athletic aid.
4. Include the amount and type (i.e. full, percentage of full, etc.) of any previous athletic grant-in-aid awarded.
5. Attach a copy of the correspondence regarding the awarding, cancellation, reduction or non-renewal of the athletic grant-in-aid. Any documentation which supports your statement will assist in our review. Failure to substantiate your circumstances may result in your appeal being denied for lack of documentation.
6. Use blue or black ink only. Please type or print clearly.
7. Retain a copy of all submitted materials; materials will not be returned to you.
8. **Return this form to:** Student Financial Assistance, P.O. Box 870412, Tempe, AZ 85287-0412 or fax to 480-965-6967.

REFERENCE

SSM 303-05: Athletic Grant-in-Aid Appeal Process (www.asu.edu/aad/manuals/ssm/ssm303-05.html).

SECTION A: APPEAL INFORMATION

Year In School	Participating Sport	Type of Appeal Hearing Requested (check one) <input type="checkbox"/> Written <input type="checkbox"/> In-person
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SECTION B: CERTIFICATION AND SIGNATURE

Certification: I certify that the submitted information is true and correct to the best of my knowledge and belief. 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, fines and/or imprisonment in this and/or future years.

Student's Signature	Date form was signed
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