

# SCHOLARSHIP APPEAL FORM

CAS Scholarships Office, University of Missouri-Kansas City  
Scofield Hall, Suite 104, 711 East 51 Street, Kansas City, MO 64110

STUDENT'S NAME (printed): \_\_\_\_\_ PHONE #: \_\_\_\_\_

STUDENT ID #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please Note: If we need to contact you about your scholarship request or other matters, we will generally do so via your UMKC email address. Please be sure to check your UMKC email account on a regular basis throughout the year!

**PURPOSE OF THIS FORM:** To appeal for the continuation of your academic scholarship awarded by the CAS Scholarships Office for the 2018-2019 Academic Year. You must appeal because you either have not met the required GPA to renew the scholarship and/or you did not EARN 24 credit hours during the 2016-2017 Academic Year.

**INSTRUCTIONS:** Answer the three questions below completely. Be specific and attach documentation. Return this form to the above address by July 1, 2018 for consideration for the fall semester. Scholarship appeals will not be considered after the date above.

**NOTE:** *In some circumstances, this appeal may contain information related to sexual harassment, sexual misconduct, and other forms of sex discrimination. According to the University of Missouri System Policy, any incident of sexual harassment of any kind, including sexual assault, committed against students must be reported to the University Title IX Coordinator, so any documentation you provide may be submitted to their office.*

1. Why you were unable to complete all the required hours and/or were unable to achieve the minimum required grade point average to renew your scholarship? Please attach detailed documentation.
2. What corrective measures have you taken to assure improvement in the future? Please attach detailed documentation.
3. What scholarship(s) are you appealing? \_\_\_\_\_  
(You can submit one appeal form for all of the scholarships from the Financial Aid and Scholarships Office)

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_