

# EMERGENCY 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 request emergency scholarship funds awarded by the CAS Scholarships Office.

**INSTRUCTIONS:** Complete the three steps below. Be specific and attach documentation.

**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. Brief explanation describing, in detail, your need for emergency funding. Please attach documentation to support your claim.
2. What corrective measures have you taken to ensure you will need not emergency funding in the future?
3. Attach a detailed list of expenditures and justification for those expenditures.

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

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