

INCOMING STUDENT 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 an incoming scholarship awarded by the CAS Scholarships Office. You must appeal because you either have not met the required GPA, Class-rank or ACT/SAT to receive the scholarship.

INSTRUCTIONS: Answer the three questions below completely. Be specific and attach documentation. Return this form to the above address by December 1, for consideration for spring semester or July 1, 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 meet all the requirements to receive an incoming scholarship?
Please attach detailed documentation explaining why the requirements were not meet.

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 CAS Scholarships Office)

SIGNATURE: _____

DATE: _____